



1997  
DATA

# COMPENDIUM

Health Care Financing Administration

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1997

*U.S. Department of Health and Human Services  
Donna E. Shalala, Secretary*

*Health Care Financing Administration  
Bruce C. Vladeck, Administrator*

*Associate Administrator for Operations and  
Resource Management  
Steven A. Pelovitz*

*Bureau of Data Management and Strategy  
Regina McPhillips, Dr.P.H., Director*

*Office of Health Care Information Systems  
Joseph Broseker, Director*

*Division of Health Care Information Services  
Joseph Hladky, Director*

*For further information contact:  
Information Processing Branch  
Joseph Daniloski  
410-786-3689*

*Karen Beebe  
Maria Diacogiannis  
Janice Drexler  
Gloria Gantt  
Paula Higger  
George Lintzeris  
Debbie Pusateri  
Debbie Thomas  
Dave Wood*

*The Health Care Financing Administration (HCFA) is responsible for the Medicare program and Federal participation in State-operated Medicaid plans. HCFA's mission is to finance "...the timely and economic delivery of appropriate health care to eligible beneficiaries." Medicare and Medicaid payments and program policies have significant and far-reaching effects on beneficiaries, providers, and payers. Understanding these effects and their causes is essential to the planning and implementation of changes to the health care delivery system.*

*The Data Compendium contains historic, current and projected data on Medicare enrollment and Medicaid recipients, expenditures and utilization. Data pertaining to budget, administrative/operating costs, individual income, financing, and health care providers/suppliers are also included. National data not specific to the Medicare or Medicaid programs may be found throughout the publication.*

*This compendium has been prepared for several years for HCFA's Leadership as a reference document and as a supplement to briefing materials for legislative initiatives. It was compiled by the Division of Health Care Information Services, Office of Health Care Information Systems, Bureau of Data Management and Strategy, with major contributions from the various Bureaus and Offices in HCFA. Data supplied by professional organizations and other Federal agencies are gratefully acknowledged.*

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***Symbols in Tables:***

*NA not available*

*-- not applicable*

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U.S. Department of Health and Human Services  
Health Care Financing Administration  
Bureau of Data Management and Strategy  
Baltimore, Maryland  
March 1997





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## I. BUDGET OVERVIEW

Information about the Federal, DHHS and HCFA budgets.

### **HIGHLIGHTS**

- o Medicare benefit payments are expected to increase by 10.4 percent from 1996 to 1997 and by 8.9 percent from 1997 to 1998.*
- o Federal and State Medicaid medical assistance payments are expected to increase by 8.5 percent from 1996 to 1997 and by 6.0 percent from 1997 to 1998.*
- o Program benefit payments for Medicare and Medicaid combined are expected to increase by 9.5 percent from 1996 to 1997 and by 7.6 percent from 1997 to 1998.*



# **HCFA Disbursements** **Fiscal Years 1996 - 1998**

	1996 Actual	1997 Current Law	1998	
			Current Law	Proposed Law

Amount in millions

## HCFA Budget Outlays

Medicare Benefit Payments	\$191,073	\$210,944	\$229,627	\$225,106
Medicaid Medical Assistance Payments <sup>1</sup>	88,238	93,869	99,509	100,932
State and Local Administration/Training	3,752	4,634	4,875	4,869
HCFA Program Management	2,096	1,838	1,774	1,774
Other Administrative Expenses <sup>2</sup>	903	906	1,024	1,024
Peer Review Organizations (PROs)	190	270	276	276
Quinquennial Adjustment <sup>3</sup>	2,366			
HMO Loan/Loan Guarantee Fund	1	1	1	1
Health Care Fraud and Abuse Control <sup>4</sup>	--	591	676	676
Healthy Working Families Grants <sup>5</sup>	--	--	--	1,738
Grants for Health Insurance Cooperatives <sup>5</sup>	--	--	--	25
Healthy Kids State Partnership Grants <sup>5</sup>	--	--	--	750
Survey and Certification User Fee	--	--	--	10
<b>Total (unadjusted)</b>	<b>\$288,620</b>	<b>\$313,052</b>	<b>\$337,761</b>	<b>\$337,180</b>
Offsetting and Proprietary Receipts <sup>6</sup>	-20,039	-20,293	-21,983	-21,771
HMO Loan Fund Collections	-4	-2	-2	-2
<b>Total Net of Offsetting and Proprietary Receipts</b>	<b>\$268,578</b>	<b>\$292,757</b>	<b>\$315,776</b>	<b>\$315,407</b>

<sup>1</sup> Includes outlays for the Vaccines for Children program. Also, proposed legislation will increase FY 1997 Medicaid outlays by \$39 million.

<sup>2</sup> Medicare-related expenses of other agencies, e.g., Social Security Administration.

<sup>3</sup> Transfer from the Hospital Insurance Trust Fund to general revenues to reconcile adjustments for military wage credits.

<sup>4</sup> Reflects outlays by HCFA and other agencies.

<sup>5</sup> To be financed through general revenues.

<sup>6</sup> Medicare premiums.

NOTES: Fiscal year data. Totals do not necessarily equal the sum of rounded components.

SOURCE: Budget of the U.S. Government, FY 1998; HCFA/OFHR

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# **Program Benefit Payments Selected Fiscal Years**

Fiscal Year	Total		Medicare <sup>1</sup>		Medicaid <sup>2</sup>	
	Annual		Annual		Annual	
	Amount	Percent Change	Amount	Percent Change	Amount	Percent Change
Amount in billions						
Historical						
1980	\$57.9	--	\$33.9	--	\$24.0	--
1985	108.8	12.6	69.5	14.1	39.3	10.4
1990	175.9	15.6	107.2	13.8	68.7	18.4
1991	204.4	16.2	113.9	6.3	90.5	31.7
1992	245.1	19.9	129.2	13.4	115.9	28.1
1993	268.7	9.6	142.9	10.6	125.8	8.5
1994	296.9	10.5	159.3	11.5	137.6	9.4
1995	328.9	10.8	176.9	11.0	152.0	10.5
1996	344.3	4.7	191.1	8.0	153.2	0.8
Budget						
Current law						
1997	377.1	9.5	210.9	10.4	166.2	8.5
1998	405.7	7.6	229.6	8.9	176.1	6.0

<sup>1</sup> Includes catastrophic benefits for HI in FY 1990. Does not include PRO expenditures.

<sup>2</sup> Federal and State combined. Historical data for FYs 1980-1994 reflect total computable medical assistance payments reported by the States on line 11 of the HCFA-64 and predecessor forms. Historical data for FY 1995-1996 include total computable medical assistance payments reported on line 11 of the HCFA-64 and expenditures for the Vaccines for Children's program. Budget data for FYs 1997-1998 reflect current law estimates of total computable medical assistance payments and expenditures for the Vaccines for Children's program.

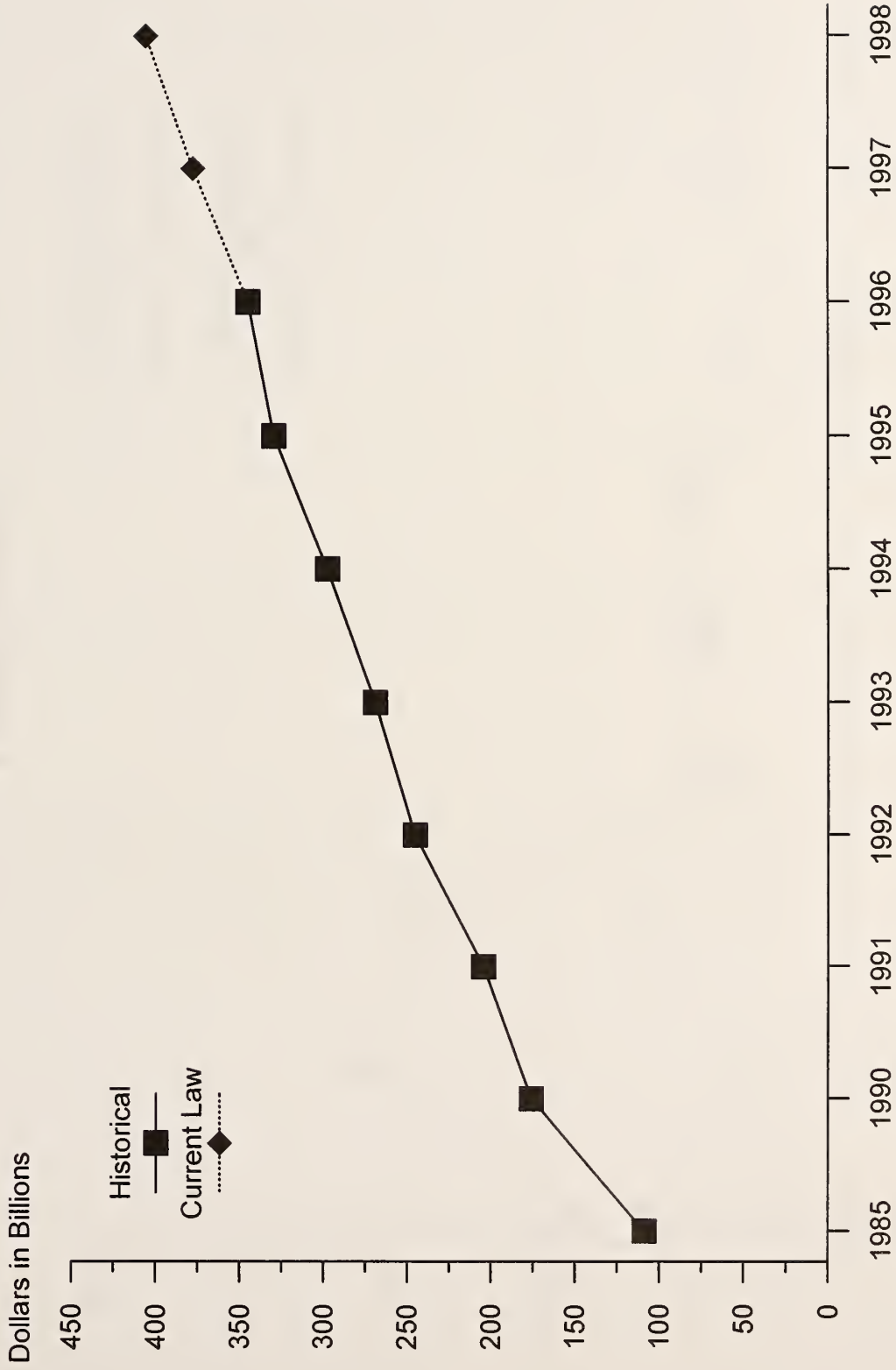
NOTE: Percent change based on rounded numbers.

SOURCES: HCFA/OACT/MB/OFHR for historical data and OFHR for budget data.

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# Trends in Program Benefit Payments Fiscal Years



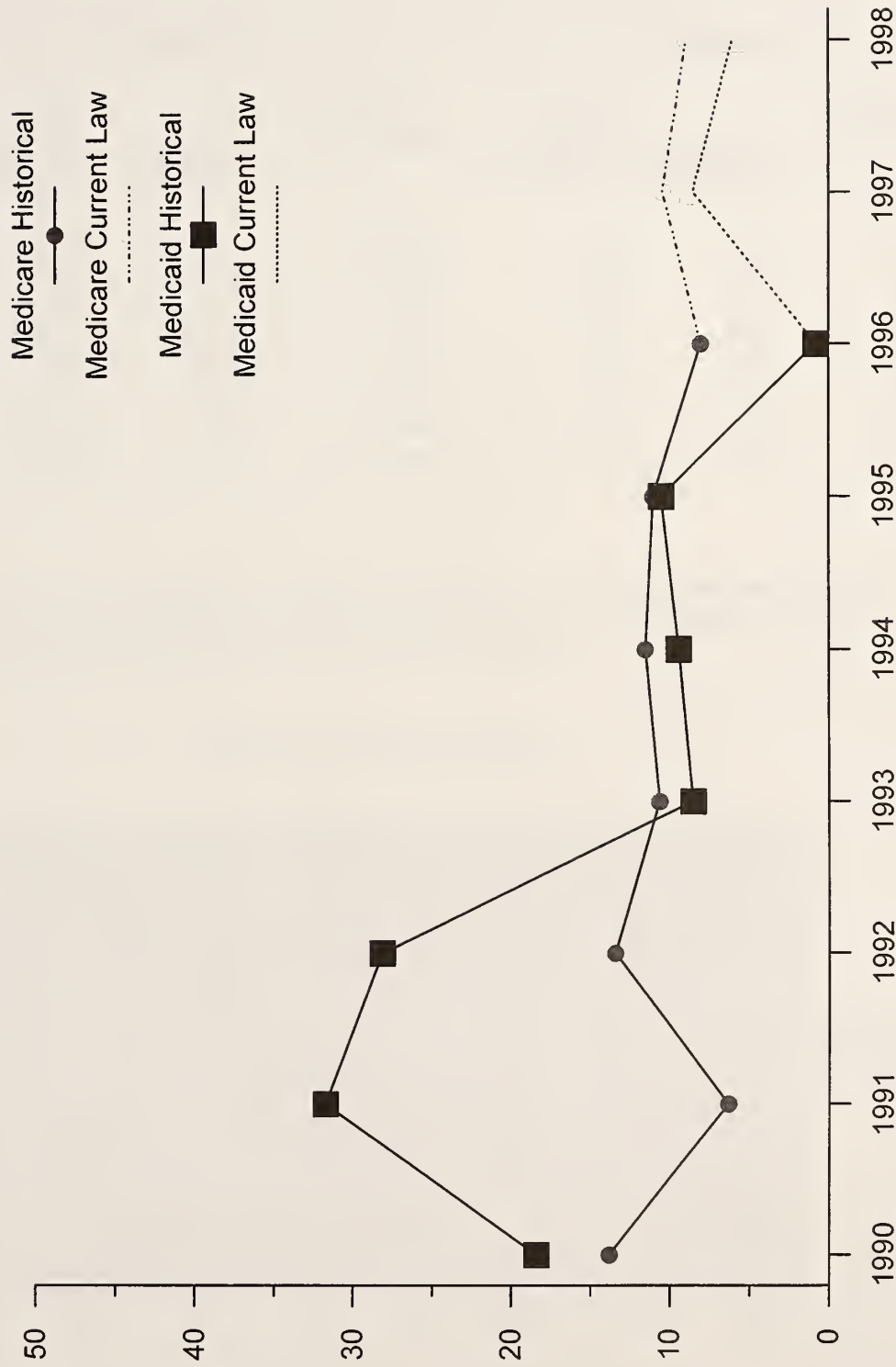
SOURCES: HCFA/OFHR/OACT

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# Percent Change in Program Benefit Payments

## Fiscal Years



SOURCES: HCFA/OFHR/OACT

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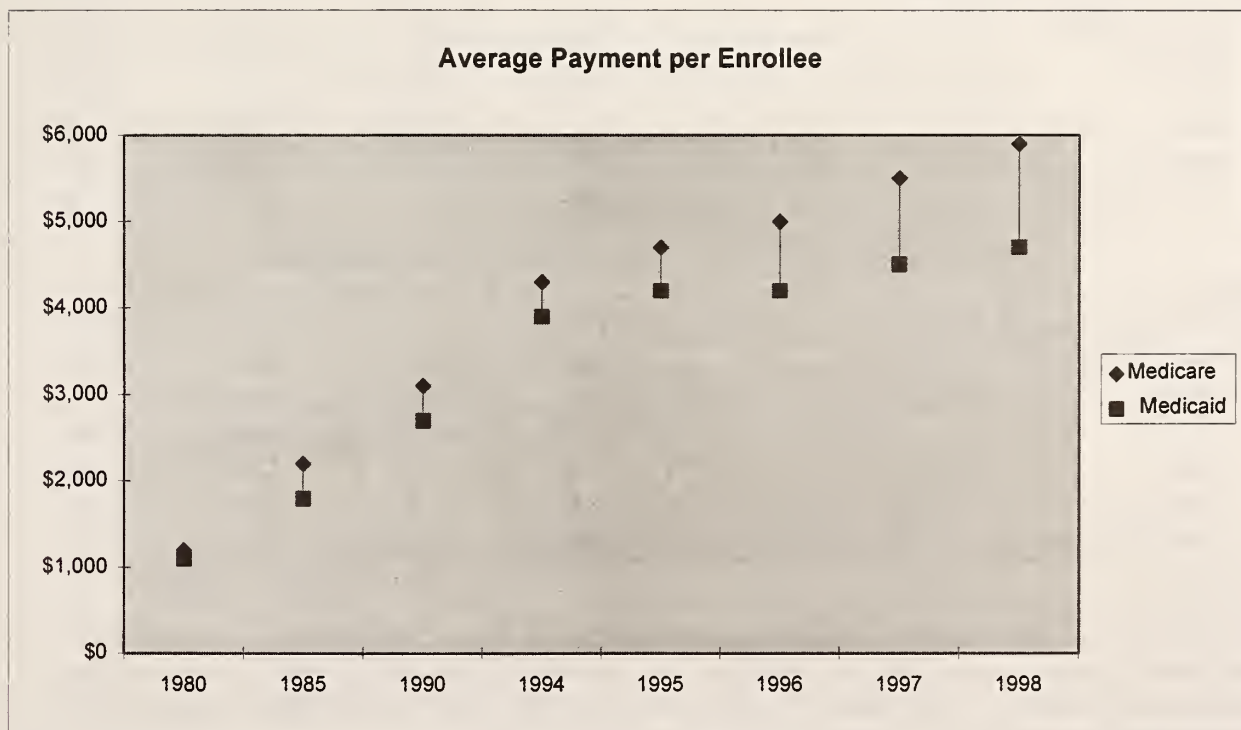


# **Program Benefit Payments Per Enrollee Selected Fiscal Years**

Fiscal Year	Medicare			Medicaid		
	Benefit Payment (In Billions)	Enrollees (In Millions)	Average Per Enrollee	Benefit Payment (In Billions)	Recipients (In Millions)	Average Per Recipient
1980	\$33.9	28.3	\$1,200	\$24.0	21.6	\$1,100
1985	69.5	31.0	2,200	39.3	21.8	1,800
1990	107.2	34.1	3,100	68.7	25.3	2,700
1994	159.3	36.9	4,300	137.6	35.1	3,900
1995	176.9	37.6	4,700	152.0	36.3	4,200
1996	191.1	38.1 <sup>1</sup>	5,000	153.2	36.8 <sup>1</sup>	4,200
1997 <sup>1</sup>	210.9	38.7	5,500	166.2	37.2	4,500
1998 <sup>1</sup>	229.6	39.1	5,900	176.1	37.7	4,700

<sup>1</sup> Estimated.

NOTES: Current law only. Consistent with data and estimates included in the President's fiscal year 1998 budget. Medicare benefit payments reflect gross outlays, i.e., not net of offsetting receipts. Medicaid benefit payments reflect both Federal and State expenditures.



SOURCES: HCFA/OFHR/OACT

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# Benefit Outlays by Program Selected Fiscal Years

	1967	1968	1996	1997 <sup>1</sup>
Amounts in billions				
Annually				
HCFA Program Benefit Outlays	\$5.1	\$8.4	\$346	\$377
Federal Outlays	NA	6.7	279	305
Medicare	3.2	5.1	191	211
HI	2.5	3.7	124	136
SMI	0.7	1.4	67	75
Medicaid <sup>2</sup>	1.9	3.3	155	166
Federal Share	NA	1.6	88	94
In millions				
Monthly				
HCFA Program Benefit Outlays	\$423	\$702	\$29	\$31
Federal Outlays	NA	561	23	25
Medicare	264	427	16	18
HI	209	311	10	11
SMI	55	116	6	6
Medicaid	158	275	13	14
Federal Share	NA	133	7	8
In thousands				
Hourly				
HCFA Program Benefit Outlays	\$579	\$962	\$40	\$43
Federal Outlays	NA	768	32	35
Medicare	362	585	22	24
HI	286	426	14	16
SMI	76	159	8	9
Medicaid	217	377	18	19
Federal Share	NA	183	10	11
In thousands				
Minutely				
HCFA Program Benefit Outlays	\$10	\$16	\$659	\$717
Federal Outlays	NA	13	531	580
Medicare	6	10	364	401
HI	5	7	236	259
SMI	1	3	128	143
Medicaid	4	6	296	316
Federal Share	NA	3	168	179

<sup>1</sup> Estimated

<sup>2</sup> These amounts reflect both Federal and State Medicaid benefit outlays. State Medicaid administrative costs are excluded. Expenditures for the Vaccine for Children's program are included. Due to time lags, Federal adjustments, and other factors, the combined Federal and State benefit outlays may differ from the Medicaid Program Benefit Payments on page 3 of this publication.

NOTES: Fiscal year data. Totals may not equal the sum of rounded components.

SOURCE: HCFA/OFHR

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## II. EXPENDITURES

Information about proposed, current and past spending for health care by Medicare, Medicaid, HCFA, the Department and the nation as a whole.

Health care spending is shown for HCFA programs and national aggregates over time. Data are shown by type of service, source of funds and broad beneficiary eligibility categories.

### HIGHLIGHTS

*Medicare and Medicaid spending has increased significantly.*

- o Medicare benefit payments for inpatient hospital care are projected to increase 7.1 percent from fiscal year 1997 to 1998. During the same period of time, physician and supplier payments under Medicare are expected to increase 6.3 percent.*
- o Spending for inpatient hospital services as a share of Medicare spending decreased from 64.9 percent in 1983 to a projected 47.6 percent in 1998, while physician expenditures remained nearly constant as a percent of spending.*
- o Home Health Agency spending is expected to rise from less than 16.9 billion dollars in 1996 to 22.2 billion dollars in 1998. Annual growth is expected to exceed 17.5 percent from 1996-1997 and is expected to exceed 11.9 percent from 1997-1998.*
- o Total Medicaid vendor payments increased by 73 percent from 1985-1990 and by another 85.2 percent from 1990-1995 to reach 120.1 billion dollars in 1995.*

***National health expenditure tables and graphs in this section have been updated extensively this year.***

*Medical care price indexes continue to increase at a faster rate than the "All Item" Consumer Price Index.*

- o In recent years, changes in the CPI for all items have lagged considerably behind hospital rooms and physician services.*

- o *In 1996, the CPI for all items increased by 2.8 percent, compared to 2.6 percent for the previous year. The percent increases for hospital rooms and physician services in 1996 were 4.1 and 3.9, respectively; compared to 5.1 and 4.5 in 1995.*
- o *Public funding for NHE has grown significantly from 25.0 percent in 1965 to 46.2 percent in 1995.*
- o *Likewise, private funding for NHE declined from 75.0 percent in 1965 to 53.8 percent in 1995.*



# **HCFA Benefit Payments by Major Program Service Categories** **Fiscal Year 1995**

Type of Service	Total Program Payments		Medicare <sup>1</sup>		Medicaid <sup>2</sup>	
	Amount	Percent Distribution	Amount	Percent Distribution	Amount	Percent Distribution
Amount in millions						
Total	\$297,215	100.0	\$177,074	100.0	\$120,141	100.0
Inpatient Hospital	116,471	39.2	87,630 <sup>3</sup>	49.5	28,841	24.0
Nursing Facilities	38,156	12.8	9,104	5.1	29,052 <sup>7</sup>	24.2
Other Nursing Home	10,383	3.5	--	--	10,383	8.6
Home Health	24,600	8.3	15,194	8.6	9,406	7.8
Physician Services	53,560	18.0	46,200 <sup>4</sup>	26.1	7,360	6.1
Outpatient	21,676	7.3	15,049 <sup>5</sup>	8.5	6,627	5.5
Clinic	4,280	1.4	( <sup>5</sup> )	--	4,280	3.6
Prescribed Drugs	9,791	3.3	--	--	9,791	8.1
Other Care	18,308	6.2	3,907 <sup>6</sup>	2.2	14,401 <sup>8</sup>	12.0

<sup>1</sup> Estimated. Projections for fiscal years 1996-1998 are shown separately.

<sup>2</sup> Vendor payments (Federal and State) from the statistical reporting system; excludes premiums and capitation amounts.

<sup>3</sup> Includes PRO expenditures.

<sup>4</sup> Includes physicians, other practitioners, clinical laboratory services performed in a physician's office, durable medical equipment, ambulatory surgical center facility costs, Part B suppliers (total of \$39,697 million) and group prepayment plans (\$6,503 million).

<sup>5</sup> Covered clinic services are included under outpatient.

<sup>6</sup> Independently billing laboratory and hospice.

<sup>7</sup> Nursing facilities include skilled nursing facilities and intermediate facility services for all other than the mentally retarded.

<sup>8</sup> Includes dental (\$1,019 million), other practitioners (\$986 million), laboratory and radiological services (\$1,180 million), family planning services (\$514 million), early periodic screening (\$1,169 million), rural health services (\$216 million), and other care (\$9,317 million).

NOTES: Percent distribution based on rounded numbers. Total includes service "Unknown" data which are not reflected in this table. Totals do not necessarily equal the sum of rounded components.

SOURCES: HCFA/OACT/BDMS

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**Medicare Trust Fund Projections  
Fiscal Years 1996 - 1998**

	1996	1997	1998
Amount in millions			
HI Total Disbursements <sup>1</sup>	\$127,683	\$138,062	\$149,362
HI Administrative Expenses	1,410	2,041	2,191
HI Benefit Payments	123,907	136,021	147,171
Aged	109,402	119,731	129,102
Disabled	14,505	16,290	18,069
HI Quinquennial Adjustment for Military Service Credits	2,366		
SMI Total Disbursements <sup>1</sup>	68,946	76,487	84,015
SMI Administrative Expenses	1,780	1,564	1,559
SMI Benefit Payments	67,166	74,923	82,456
Aged	57,324	64,723	71,093
Disabled	9,842	10,200	11,363

<sup>1</sup> Current law data. Totals do not necessarily equal the sum of rounded components.

NOTES: Administrative expenses for both HI and SMI include the sum of administrative costs, research, and PROs. Benefit estimates do not reflect proposed legislation.

SOURCE: HCFA/OFHR

**Medicare Benefit Payments by Type of Benefit  
Fiscal Years 1996 - 1998**

	Benefit Payment <sup>1</sup>			Percent Distribution
	1996	1997	1998	1998
Amount in millions				
Total HI <sup>2</sup>	\$123,907	\$136,021	\$147,171	100.0
Inpatient Hospital	94,609	102,053	109,299	74.3
Skilled Nursing Facility	10,648	12,311	13,779	9.4
Home Health Agency	16,681	19,568	21,879	14.9
Hospice	1,969	2,089	2,214	1.5
Total SMI <sup>2</sup>	67,166	74,923	82,456	100.0
Physician/Other Suppliers	40,980	43,570	46,325	56.2
Outpatient	16,325	17,857	19,902	24.1
Home Health Agency	211	288	336	0.4
Group Practice Prepayment	7,710	11,113	13,628	16.5
Independent Laboratory	1,940	2,095	2,265	2.7

<sup>1</sup> Includes the effect of regulatory items and recent legislation but not proposed law.

<sup>2</sup> Excludes PRO expenditures.

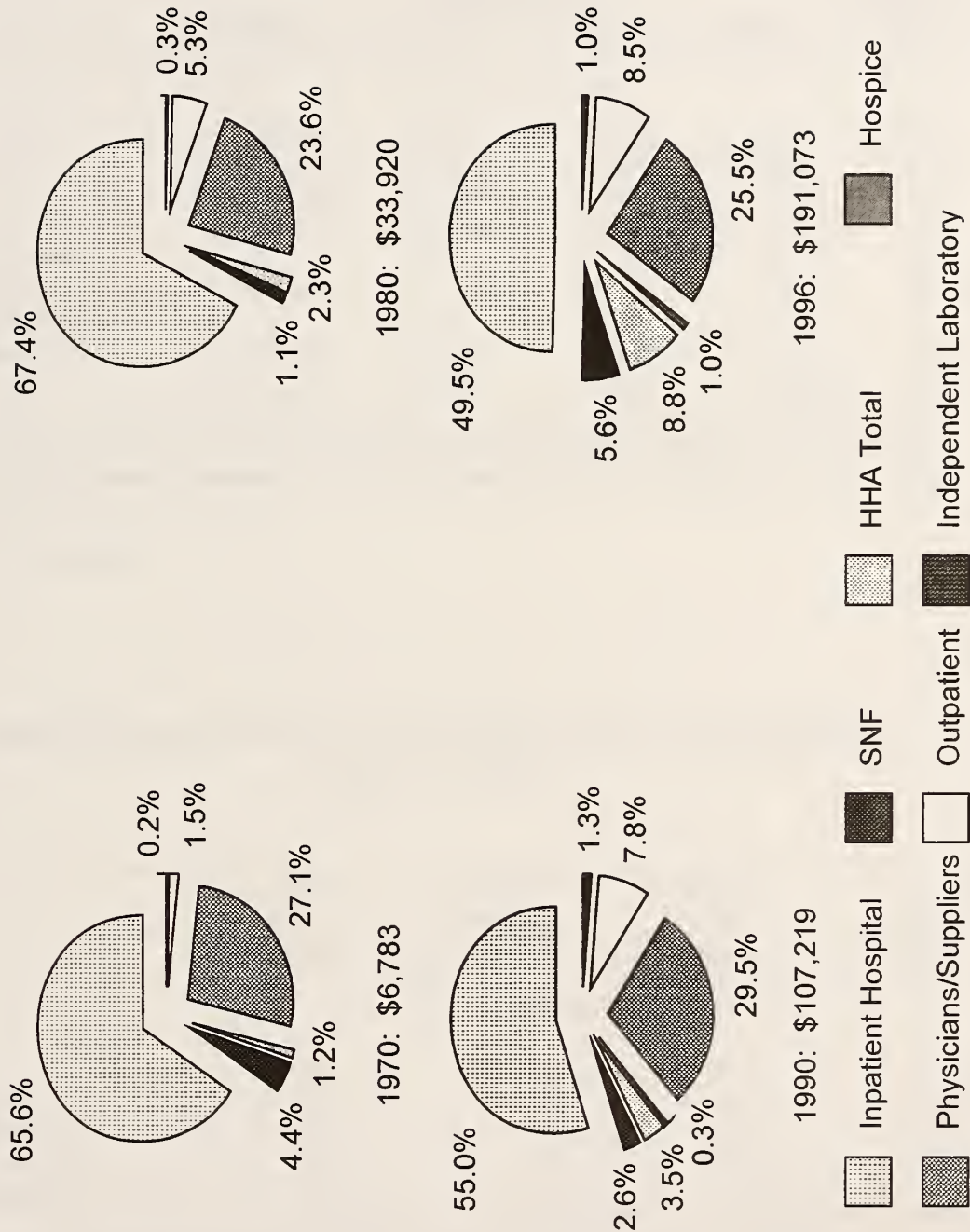
NOTES: Benefits by type of service are estimated and are subject to change. Totals do not necessarily equal the sum of rounded components.

SOURCE: HCFA/OFHR

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# Medicare Benefit Payments by Type of Benefit

## Selected Fiscal Years



SOURCES: HCFA/OACT/OFHR

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### Medicaid Payments by Basis of Eligibility Selected Fiscal Years

	Vendor Payments				Percent Distribution
	1985	1990	1994	1995	1995
Amount in millions					
Total	\$37,508	\$64,859	\$108,270	\$120,141	100.0
Age 65 and over	14,096	21,508	33,618	36,527	30.4
Blind	249	434	644	848	0.7
Disabled	13,203	23,969	41,654	48,570	40.4
Dependent Children under Age 21	4,414	9,100	17,302	17,976	15.0
Adults in Families with Dependent Children	4,746	8,590	13,585	13,511	11.2
Other Title XIX	798	1,051	1,243	1,499	1.2

NOTES: Vendor payments exclude premiums and capitation amounts. Totals do not necessarily equal the sum of rounded components due to the inclusion of data for individuals with unconfirmed eligibility status at the time of payment.

SOURCE: HCFA/BDMS

### Medicaid Expenditures by Type of Service and Basis of Eligibility Fiscal Year 1995

	Total Vendor Payments	Inpatient Hospital Services	Long-Term Care Services <sup>1</sup>	Other Services
Percent Distribution				
All Groups	100.0	21.3	42.5	33.9
Age 65 and over	30.4	1.7	24.1	4.6
Blind and Disabled	41.1	9.5	17.4	14.2
Children under Age 21	15.0	5.5	0.9	8.6
AFDC-type Adults	11.2	4.6	0.1	6.5

<sup>1</sup> Includes services in mental facilities, all nursing facilities, and home health services.

NOTE: Totals do not equal the sum of rounded components due to the exclusions of other Title XIX and unknowns.

SOURCE: HCFA/BDMS

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**Medicaid Vendor Payments by Type of Service  
Selected Fiscal Years**

	1985	1993	1994	1995	Percent Distribution 1995
	Amount in millions				
Total	\$37,508	\$101,709	\$108,270	\$120,141	100.0
Inpatient Services	10,645	27,895	28,237	28,842	24.0
General Hospitals	9,453	25,734	26,180	26,331	21.9
Mental Hospitals	1,192	2,161	2,057	2,511	2.1
Skilled Nursing Facilities	5,071	25,431 <sup>1</sup>	27,095	29,052	24.2
ICF Services	10,079	8,831 <sup>1</sup>	8,347	10,383	8.6
Mentally Retarded	4,731	8,831	8,347	10,383	8.6
All Other	6,516	0	0	0	0.0
Physician Services	2,346	6,952	7,189	7,360	6.1
Dental Services	458	961	969	1,019	0.8
Other Practitioner Services	251	937	1,040	986	0.8
Outpatient Hospital Services	1,789	6,215	6,342	6,627	5.5
Clinic Services	714	3,457	3,747	4,280	3.6
Laboratory & Radiological Services	337	1,137	1,176	1,180	1.0
Home Health Services	1,120	5,601	7,042	9,406	7.8
Prescribed Drugs	2,315	7,970	8,875	9,791	8.1
Family Planning Services	195	538	516	514	0.4
Early and Periodic Screening	85	853	980	1,169	1.0
Rural Health Clinics	7	189	188	215	0.2
Other Care	928	4,737	6,522	9,214	7.8

<sup>1</sup> Beginning in 1991, nursing facilities include skilled nursing facilities and intermediate care facility services for all other than the mentally retarded.

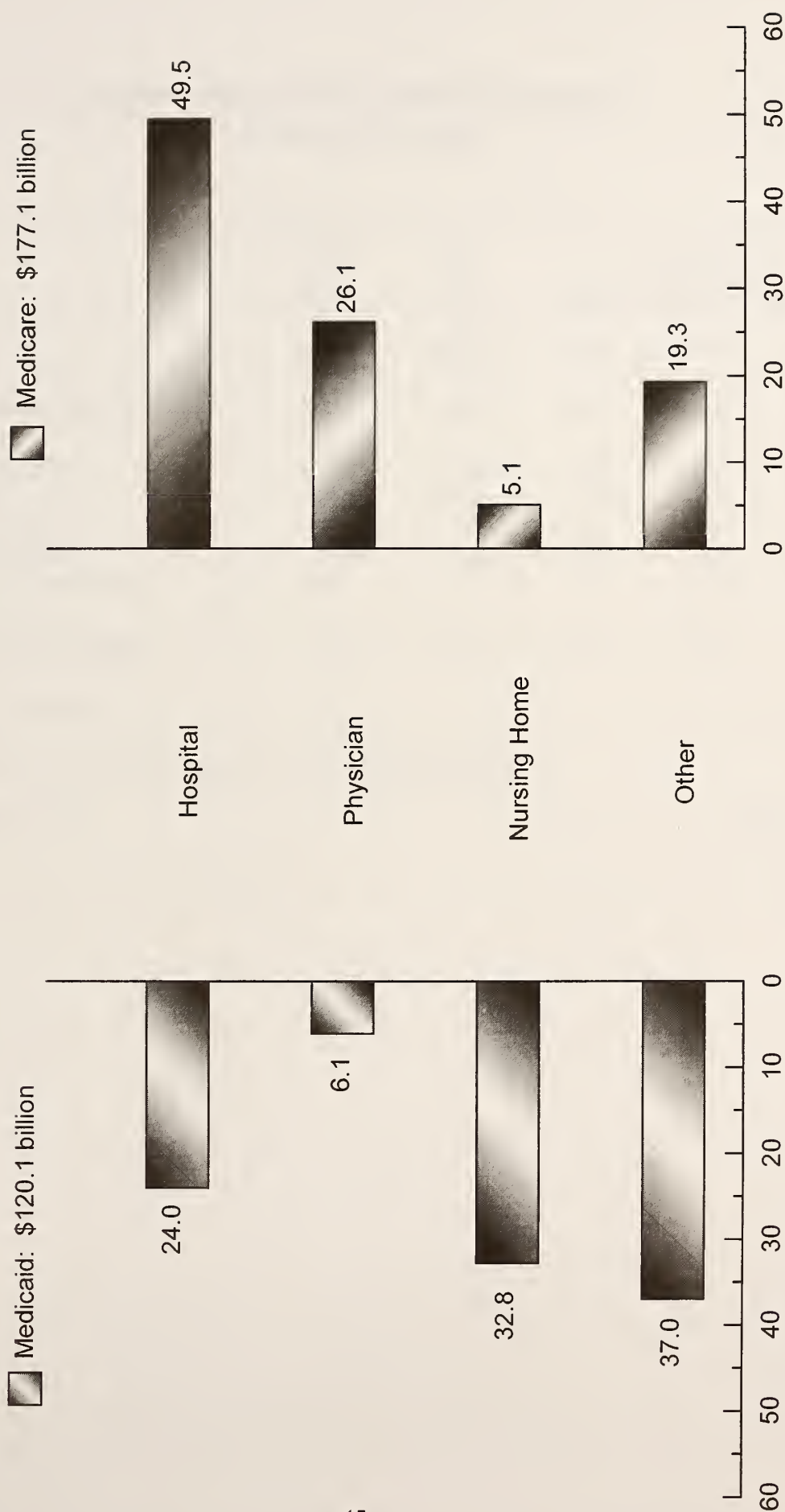
NOTES: Percent distribution based on rounded numbers. Vendor payments exclude premiums and capitation amounts. Total includes service "Unknown" data which are not reflected in this table.

SOURCE: HCFA/BDMS

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# Medicare and Medicaid Benefit Payments as a Percent of Total Benefit Payments by Type of Service Fiscal Year 1995





**National Health Care by Type of Expenditure  
Calendar Year 1995**

	National Total in billions	Per Capita	Percent Paid		
			Total	Medicare	Medicaid
Total	\$988.5	\$3,621	33.2	18.9	14.3
Health Services and Supplies	957.8	3,509	34.2	19.5	14.7
Personal Health Care	878.8	3,219	36.1	20.9	15.1
Hospital Care	350.1	1,283	47.0	32.2	14.8
Physicians' Services	201.6	739	26.9	19.8	7.1
Nursing Home Care	77.9	285	55.9	9.4	46.5
Other Personal Health Care	249.2	913	21.9	9.6	12.3
Other Services and Supplies	79.1	290	13.8	3.8	9.9
Research and Construction	30.7	112	--	--	--

NOTE: Totals do not necessarily equal the sum of rounded components.

SOURCE: HCFA/OACT

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# **HCFA Benefit Payments by Major Personal Health Expenditure Service Categories** **Calendar Year 1995**

Type of Service <sup>1</sup>	Total Program Payments		Medicare		Medicaid	
	Amount in billions	Percent Distribution	Amount in billions	Percent Distribution	Amount in billions	Percent Distribution
Total	\$317.1	100.0	\$184.0	100.0	\$133.1	100.0
Hospital Care	164.6	51.9	112.6	61.2	52.0	39.1
Physicians' Services	54.3	17.1	40.0	21.7	14.3	10.8
Dentists' Services	1.6	0.5	--	--	1.6	1.2
Other Professional Services <sup>2</sup>	9.2	2.9	7.8	4.2	1.4	1.0
Home Health Care <sup>3</sup>	15.7	4.9	11.6	6.3	4.1	3.1
Drugs and other Medical Nondurables	9.8	3.1	--	--	9.8	7.3
Vision Products and Other Medical Durables	4.6	1.5	4.6	2.5	--	--
Nursing Home Care <sup>4</sup>	43.5	13.7	7.3	4.0	36.2	27.2
Other Personal Health Care	13.8	4.3	--	--	13.8	10.3

<sup>1</sup> Service categories used in this table are based on the National Health Accounts and differ from those used elsewhere to present program data. For example, expenditures for hospital based ICF-MR hospital based nursing homes and hospital based home health services appear as hospital care rather than nursing home care or as home health services.

<sup>2</sup> Other professional services include private duty nurses, chiropractors, optometrists, and other licensed health professionals.

<sup>3</sup> Includes non-facility based home health care and some Medicaid care delivered in homes.

<sup>4</sup> Freestanding nursing facilities only.

NOTES: Payments under the Medicaid program are more commonly referred to as medical assistance payments which include vendor payments and certain premiums or per capita payments. The Federal share of total Medicaid payments was 62 percent in calendar year 1995.

SOURCE: HCFA/OACT

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# **National Health Care Trends in Public versus Private Funding** **Selected Calendar Years**

Calendar Year	National Health Expenditures									
	GDP in billions	Total			Private Funds			Public Funds		
		Amount in billions	Per Capita	Percent of GDP	Amount in billions	Per Capita	Percent of Total	Amount in billions	Per Capita	Percent of Total
1965	\$719	\$41.1	\$202	5.7	\$30.9	\$151	75.0	\$10.3	\$50	25.0
1966	788	45.3	219	5.7	31.6	153	69.8	13.7	66	30.2
1967	834	51.0	245	6.1	32.0	153	62.7	19.0	91	37.3
1970	1,036	73.2	341	7.1	45.5	212	62.2	27.7	129	37.8
1975	1,631	130.7	582	8.0	75.7	337	57.9	55.0	245	42.1
1980	2,784	247.2	1,052	8.9	142.5	606	57.6	104.8	446	42.4
1981	3,116	286.9	1,208	9.2	165.7	698	57.8	121.2	510	42.2
1982	3,242	322.9	1,346	10.0	188.4	785	58.3	134.6	561	41.7
1983	3,515	355.2	1,466	10.1	207.7	857	58.5	147.5	609	41.5
1984	3,902	389.7	1,592	10.0	229.6	938	58.9	160.2	654	41.1
1985	4,181	428.2	1,733	10.2	253.9	1,027	59.3	174.3	705	40.7
1986	4,422	460.9	1,847	10.4	271.0	1,086	58.8	189.9	761	41.2
1987	4,692	500.1	1,984	10.7	293.0	1,162	58.6	207.1	822	41.4
1988	5,050	559.6	2,198	11.1	333.1	1,308	59.5	226.4	889	40.5
1989	5,439	622.0	2,418	11.4	369.8	1,437	59.5	252.2	980	40.5
1990	5,744	697.5	2,683	12.1	413.1	1,589	59.2	284.3	1,094	40.8
1991	5,917	761.7	2,901	12.9	441.4	1,681	58.0	320.3	1,220	42.0
1992	6,244	834.2	3,145	13.4	478.8	1,805	57.4	355.4	1,340	42.6
1993	6,553	892.1	3,330	13.6	505.5	1,887	56.7	386.5	1,443	43.3
1994	6,936	937.1	3,465	13.5	517.2	1,913	55.2	419.9	1,553	44.8
1995	7,254	988.5	3,621	13.6	532.1	1,949	53.8	456.4	1,672	46.2

NOTE: These data reflect Bureau of Economic Analysis Gross Domestic Product as of January 1997, and the Social Security Administration's revisions to the population as of July 1996.

SOURCES: HCFA/OACT; SSA; and U.S. Department of Commerce, Bureau of Economic Analysis.

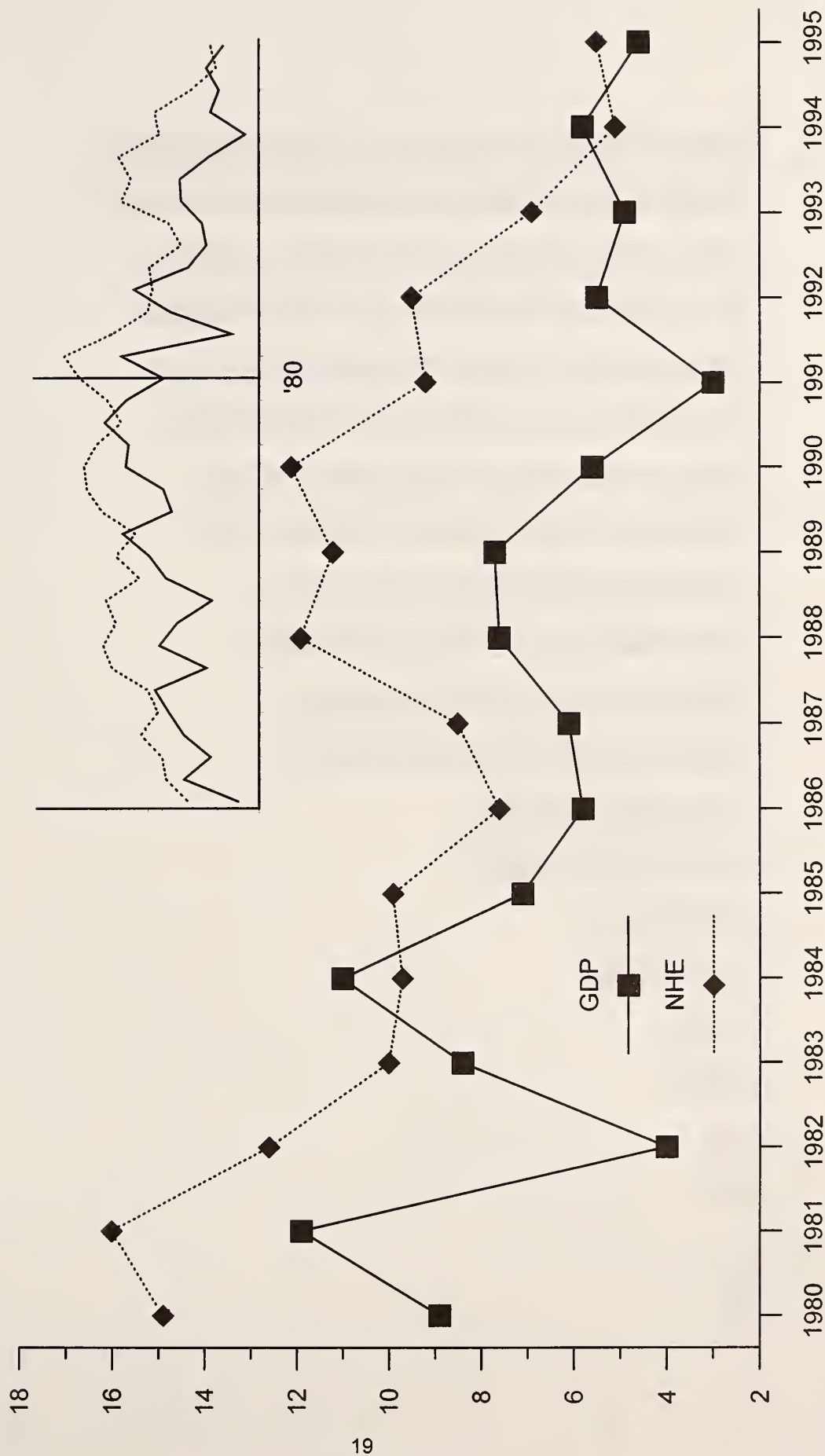
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# Growth in Gross Domestic Product Versus Growth in National Health Expenditures

## Calendar Years



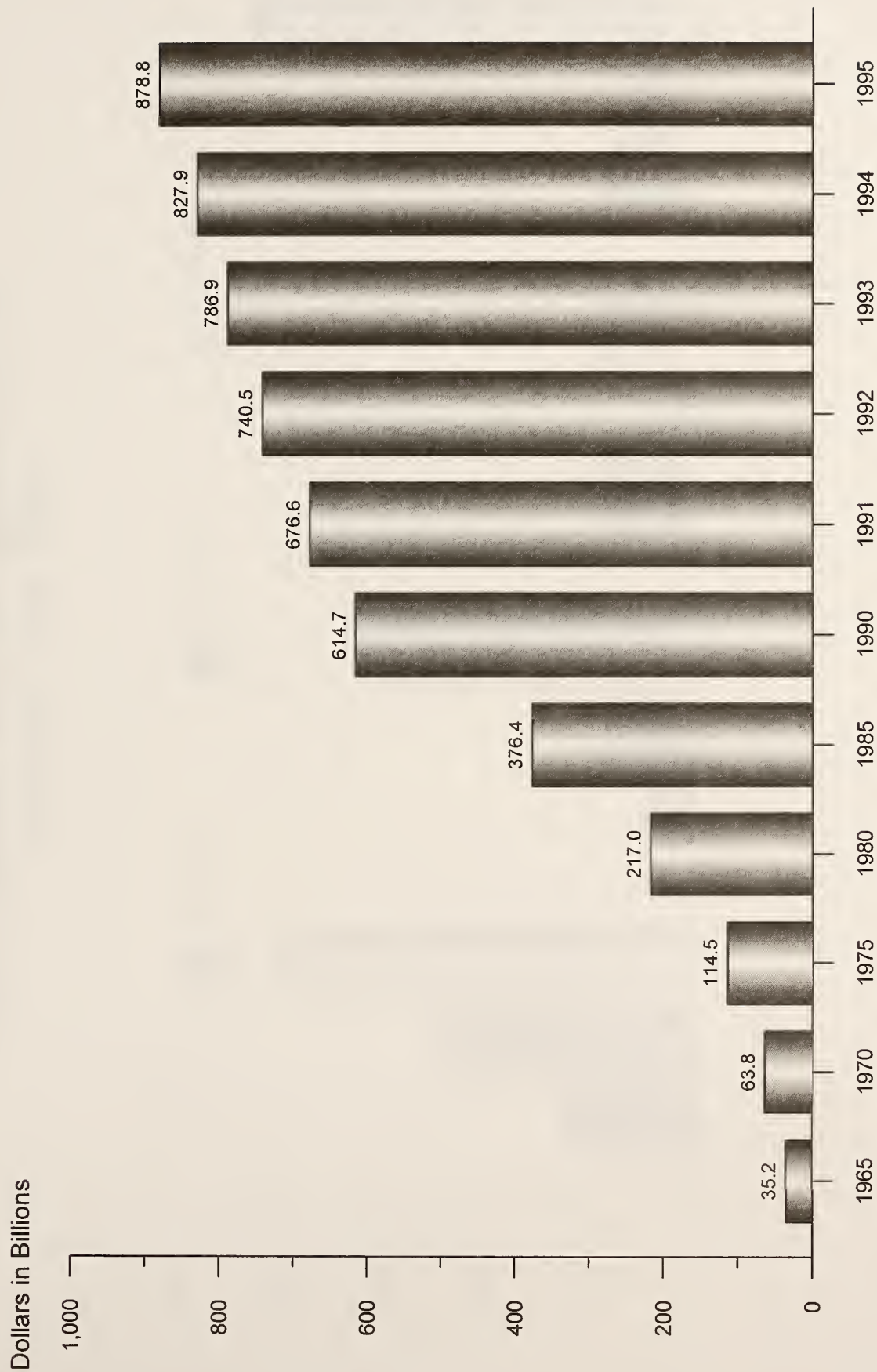
SOURCE: HCFA/OACT

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# Personal Health Care Expenditures

## Selected Calendar Years



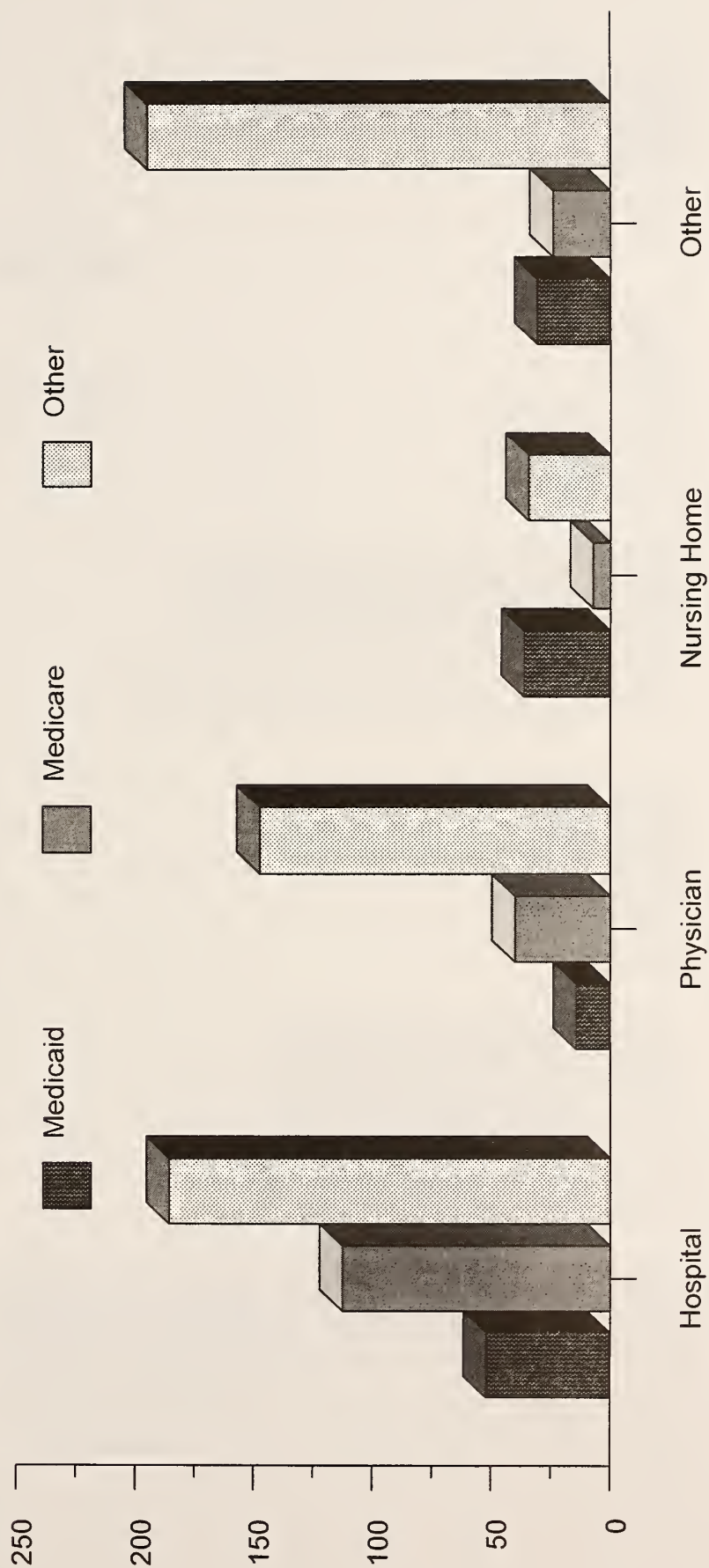
SOURCE: HCFA/OACT

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# **Medicaid, Medicare and Other Personal Health Care Expenditures, by Type of Service Calendar Year 1995**

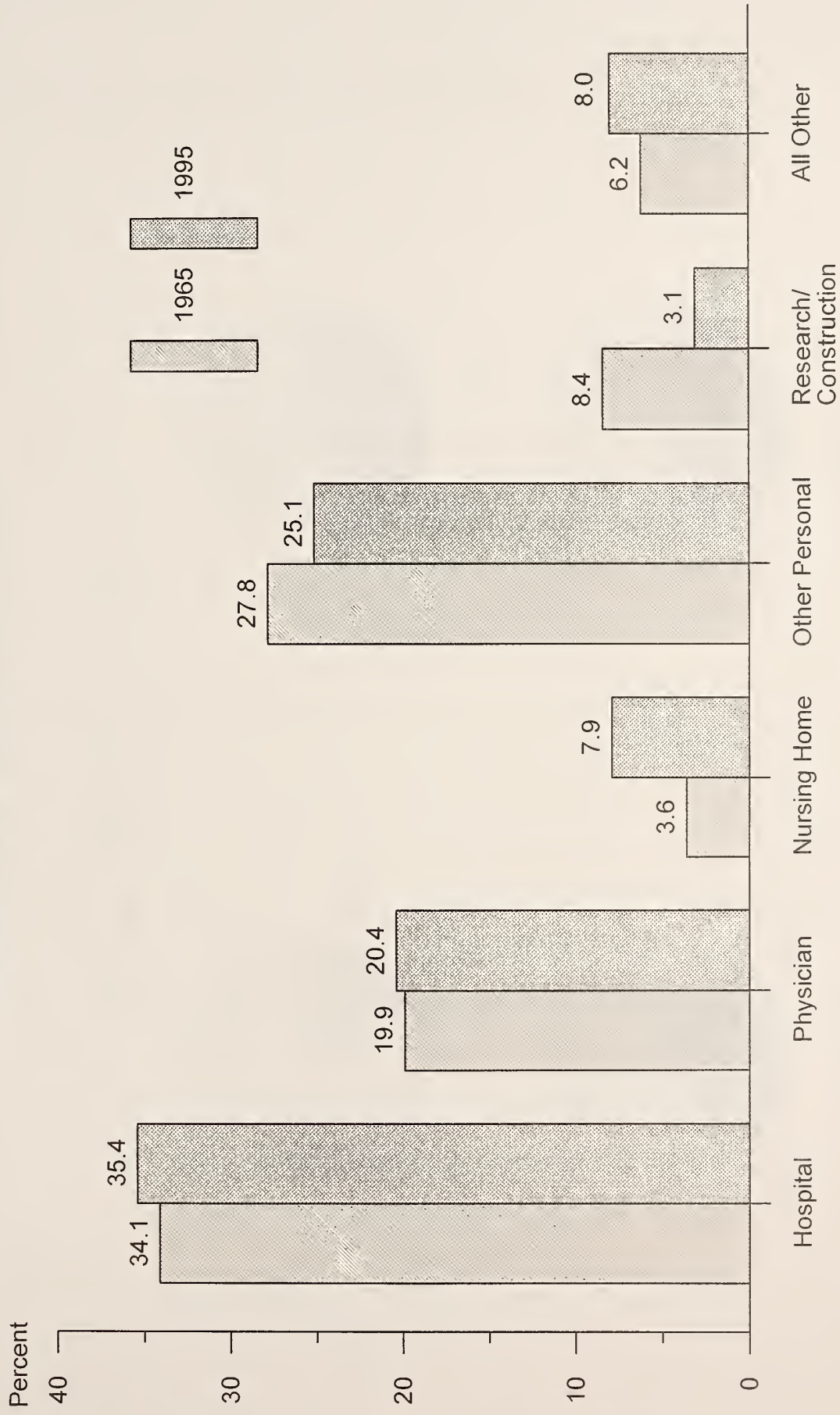


SOURCE: HCFA/OACT

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# Percent of National Health Expenditures by Type of Service Calendar Year 1965 versus 1995



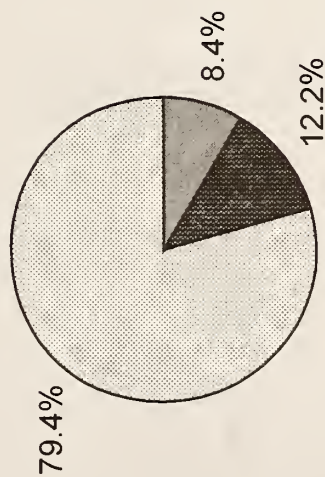
SOURCE: HCFA/OACT

March 1997

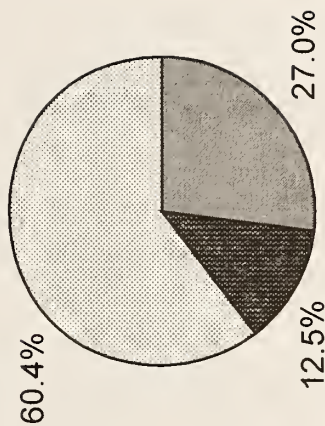


# Per Capita Personal Health Care Expenditures by Selected Calendar Years

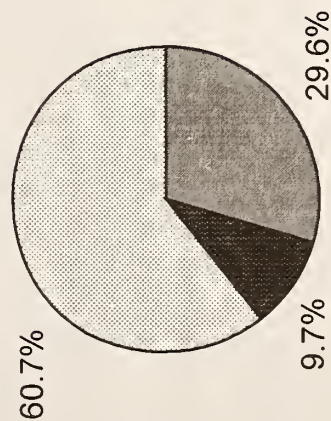
Private
  State & Local
  Federal



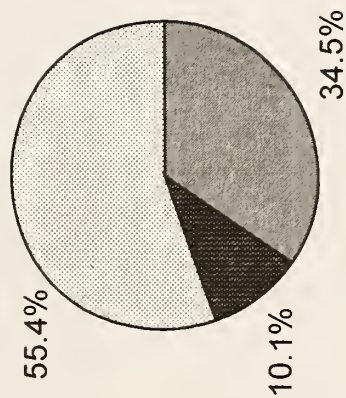
1965: \$172



1975: \$510



1985: \$1,523



1995: \$3,219

SOURCE: HCFA/OACT

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# National Health Care Source of Funds <sup>1</sup> Selected Calendar Years

	1965	1970	1975	1980	1985	1990	1993	1994	1995
Total in billions	\$41.1	\$73.2	\$130.7	\$247.2	\$428.2	\$697.5	\$892.1	\$937.1	\$988.5
	Percent Distribution								
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Private Funds	75.0	62.2	57.9	57.6	59.3	59.2	56.7	55.2	53.8
Out-of-Pocket	45.1	34.0	29.1	24.4	23.5	21.3	19.2	18.8	18.5
Private Health Insurance	24.4	22.2	23.9	28.2	30.9	33.3	33.1	32.3	31.4
Other Private	5.6	5.9	4.8	5.0	4.9	4.6	4.3	4.1	3.9
Federal Government	11.7	24.3	27.8	29.1	28.8	28.1	31.1	32.2	33.2
Medicare	--	10.5	12.5	15.2	16.9	16.1	16.9	17.9	18.9
Federal Medicaid	--	3.9	5.7	5.9	5.3	6.1	8.6	8.7	8.8
Other Federal	11.7	9.9	9.6	8.1	6.6	5.9	5.6	5.6	5.5
State/Local Government	13.3	13.5	14.2	13.3	11.9	12.7	12.2	12.6	12.9
State Medicaid	--	3.4	4.6	4.7	4.3	4.7	4.8	5.2	5.5
Other State/Local	13.3	10.1	9.6	8.6	7.6	8.0	7.4	7.4	7.5

<sup>1</sup> Includes personal health care, expenses for prepayment and administration, government public health activities, and research and medical facilities construction.

NOTE: Totals do not necessarily equal the sum of rounded components.

SOURCE: HCFA/OACT

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**Personal Health Care Payment Source <sup>1</sup>**  
**Selected Calendar Years**

	1965	1970	1975	1980	1985	1990	1993	1994	1995
Total in billions	\$35.2	\$63.8	\$114.5	\$217.0	\$376.4	\$614.7	\$786.9	\$827.9	\$878.8
	Percent Distribution								
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Private Funds	79.4	64.7	60.4	59.9	60.7	60.5	57.6	56.4	55.4
Private Health Insurance	24.7	23.2	24.8	28.6	30.2	32.8	32.5	31.9	31.5
Out-of-Pocket	52.7	39.0	33.3	27.8	26.7	24.1	21.8	21.3	20.8
Other Private	2.0	2.6	2.4	3.6	3.7	3.5	3.3	3.2	3.1
Public Funds	20.6	35.3	39.6	40.1	39.3	39.5	42.4	43.6	44.6
Federal	8.4	23.0	27.0	29.2	29.6	29.0	32.5	33.6	34.5
State and Local	12.2	12.2	12.5	10.9	9.7	10.6	9.9	10.0	10.1

<sup>1</sup> Excludes administrative expenses, research, construction, and other types of spending that are not directed at patient care.

NOTE: Totals do not necessarily equal the sum of rounded components.

SOURCE: HCFA/OACT

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**National Medical Care Price Indicators**  
**(1982-1984=100)**  
**Average Annual Index**

Fiscal Year <sup>1</sup>	CPI			Medical Care									
	All Items			All Services			Services						
							Hospital and Related Services						
	Total	Less Medical	Total	Total	Less Medical	Total	Total	Room <sup>2</sup>	Inpatient Services	Outpatient Services	Physicians' Services	Total	Prescription Drugs
Year Ending June:													
1965	31.2	31.7	26.3	24.9	27.0	22.3	--	11.9 <sup>3</sup>	--	--	24.6 <sup>3</sup>	45.0	48.0
1970	37.8	38.1	33.7	32.9	34.2	31.2	--	22.2	--	--	33.2	45.8	47.1
1975	51.8	52.3	46.1	45.1	46.5	44.2	--	35.6	--	--	45.6	51.3	49.7
Year Ending September:													
1980	80.0	80.4	75.4	73.0	75.6	72.9	66.9	65.8	--	--	74.6	73.6	70.8
1985	106.6	106.3	108.6	111.7	108.3	111.4	114.7	114.1	--	--	111.5	113.3	117.6
1986	109.3	108.6	114.1	119.8	113.5	119.6	121.0	120.2	--	--	119.2	120.9	127.8
1987	112.4	111.4	118.9	128.2	117.9	128.1	129.4	128.9	--	--	128.3	128.7	138.1
1988	117.0	115.8	124.2	136.4	122.9	136.1	140.3	139.8	110.8	110.0	137.3	137.6	149.2
1989	122.6	121.1	130.3	146.3	128.6	145.9	156.1	153.9	125.1	121.4	147.5	147.9	161.6
1990	128.7	126.9	137.2	159.2	135.0	158.9	173.4	171.1	138.8	135.1	158.0	160.2	177.5
1991	135.2	132.9	144.7	173.6	141.9	173.7	191.9	188.0	154.6	149.9	168.2	173.5	195.1
1992	139.3	136.5	150.6	187.0	147.1	187.2	209.4	204.2	168.9	164.6	178.4	185.7	211.7
1993	143.5	140.3	156.4	198.7	152.3	200.0	227.7	222.2	182.3	180.8	188.9	193.4	221.2
1994	147.3	143.8	161.9	208.6	157.3	210.7	242.4	236.3	194.4	192.4	197.7	199.2	228.7
1995	151.4	147.6	167.2	218.3	162.2	221.7	254.9	248.3	204.6	202.2	206.6	203.6	233.9
1996	155.6	151.6	172.7	226.5	167.3	230.6	266.8	258.6	214.6	212.7	214.7	208.9	240.9

<sup>1</sup> Revisions to scope, concept and methodology related to the CPI, beginning in January 1978, make comparisons with earlier periods tenuous, as the goods or services priced in 1978 may differ from that priced in 1977 and prior. Also, shifts of the weights assigned to various goods and services have altered the composition of aggregate indexes such as "all items" and "medical care". For changes in titles of components and in definitions, see Bureau of Labor Statistics, CPI Detailed Report, January 1978.

<sup>2</sup> Revised title. Years prior to January 1978 reflect semi-private room charges.

<sup>3</sup> Data not reported for March 1965. Price indexes derived by averaging surrounding quarterly indexes.

SOURCES: HCFA/OACT and U.S. Department of Labor, Bureau of Labor Statistics

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# National Medical Care Price Indicators

(1982-1984=100)

Percent Change <sup>1</sup>

Fiscal Year <sup>2</sup>	CPI			Medical Care										Commodities	
	All Items			All Services			Services							Commodities	
							Hospital and Related Services								
	Total	Less Medical	Less Medical	Total	Less Medical	Less Medical	Total	Total	Room <sup>3</sup>	Inpatient Services	Outpatient Services	Physicians' Services	Total	Prescription Drugs	
Year Ending June:															
1970 <sup>1</sup>	3.9	3.7	4.8	5.1	4.8	5.7	6.9		13.3			6.2	0.4	-0.4	
1975 <sup>1</sup>	6.5	6.5	6.3	6.5	6.3	6.5	7.2		9.9			6.6	2.3	1.1	
Year Ending September:															
1980	13.6	13.7	15.5	15.1	15.5	10.7	11.1	12.5	12.2	--	--	10.2	8.7	8.6	
1985 <sup>1</sup>	5.9	5.7	7.5	7.6	7.5	8.9	8.9	11.4	11.6			8.4	9.0	10.7	
1986	2.5	2.2	4.8	5.1	4.8	7.3	7.4	5.5	5.3	--	--	6.9	6.7	8.7	
1987	2.9	2.6	3.9	4.2	3.9	7.0	7.2	6.9	7.3	--	--	7.6	6.4	8.1	
1988	4.1	4.0	4.3	4.4	4.3	6.3	6.2	8.4	8.4	--	--	7.0	6.9	8.0	
1989	4.8	4.6	4.7	4.9	4.7	7.3	7.2	11.2	10.1	13.0	10.4	7.4	7.5	8.4	
1990	5.0	4.8	5.0	5.3	5.0	8.8	8.9	11.1	11.1	10.9	11.3	7.1	8.3	9.8	
1991	5.0	4.8	5.1	5.5	5.1	9.1	9.3	10.7	9.9	11.4	11.0	6.5	8.3	9.9	
1992	3.0	2.7	3.7	4.1	3.7	7.7	7.8	9.1	8.6	9.2	9.8	6.1	7.0	8.5	
1993	3.0	2.8	3.5	3.8	3.5	6.3	6.8	8.7	8.8	8.0	9.9	5.9	4.1	4.5	
1994	2.6	2.5	3.3	3.5	3.3	4.9	5.4	6.5	6.4	6.6	6.4	4.7	3.0	3.4	
1995	2.8	2.6	3.1	3.3	3.1	4.7	5.2	5.2	5.1	5.2	5.1	4.5	2.2	2.3	
1996	2.8	2.7	3.1	3.3	3.1	3.8	4.0	4.7	4.1	4.9	5.2	3.9	2.6	3.0	

<sup>1</sup> Based on average of monthly figures for given years. Years 1970, 1975 and 1980 are average annual based on previous year shown; all other years are based the preceding year as shown.

<sup>2</sup> Revisions to scope, concept, and methodology related to the CPI, beginning in January 1978, make comparisons with earlier periods tenuous, as the goods or services priced in 1978 may differ from that priced in 1977 and prior. Also, shifts of the weights assigned to various goods and services have altered the composition of aggregate indexes such as "all items" and "medical care". For changes in titles of components and in definitions, see Bureau of Labor Statistics, CPI Detailed Report, January 1978.

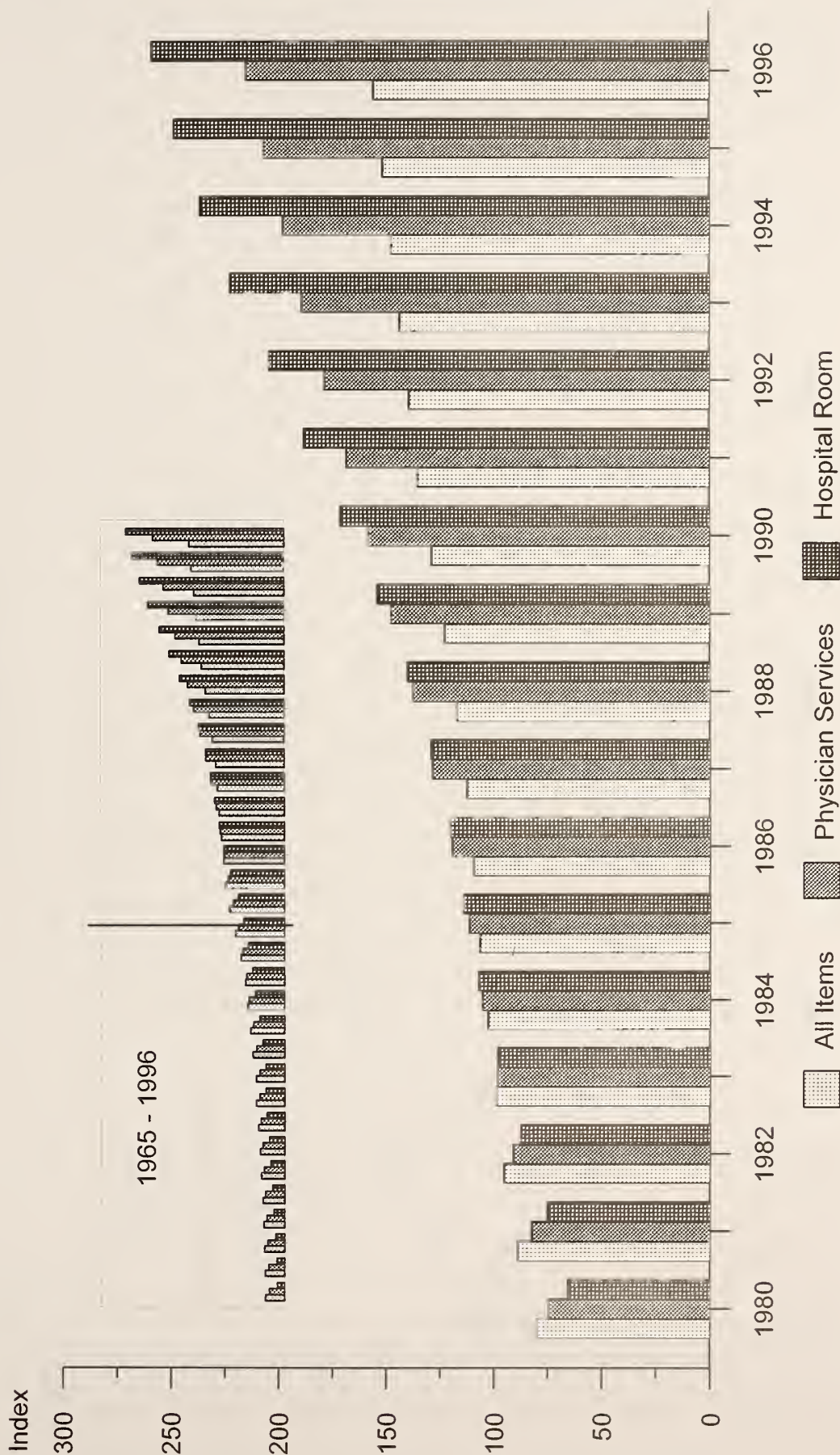
<sup>3</sup> Revised title. Years prior to January 1978 reflect semi-private room charges.

SOURCES: HCFA/OACT and U.S. Department of Labor, Bureau of Labor Statistics.

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# Selected Consumer Price Indexes Fiscal Years (1982-84=100)



SOURCES: HCFA/OACT and U.S. Department of Labor

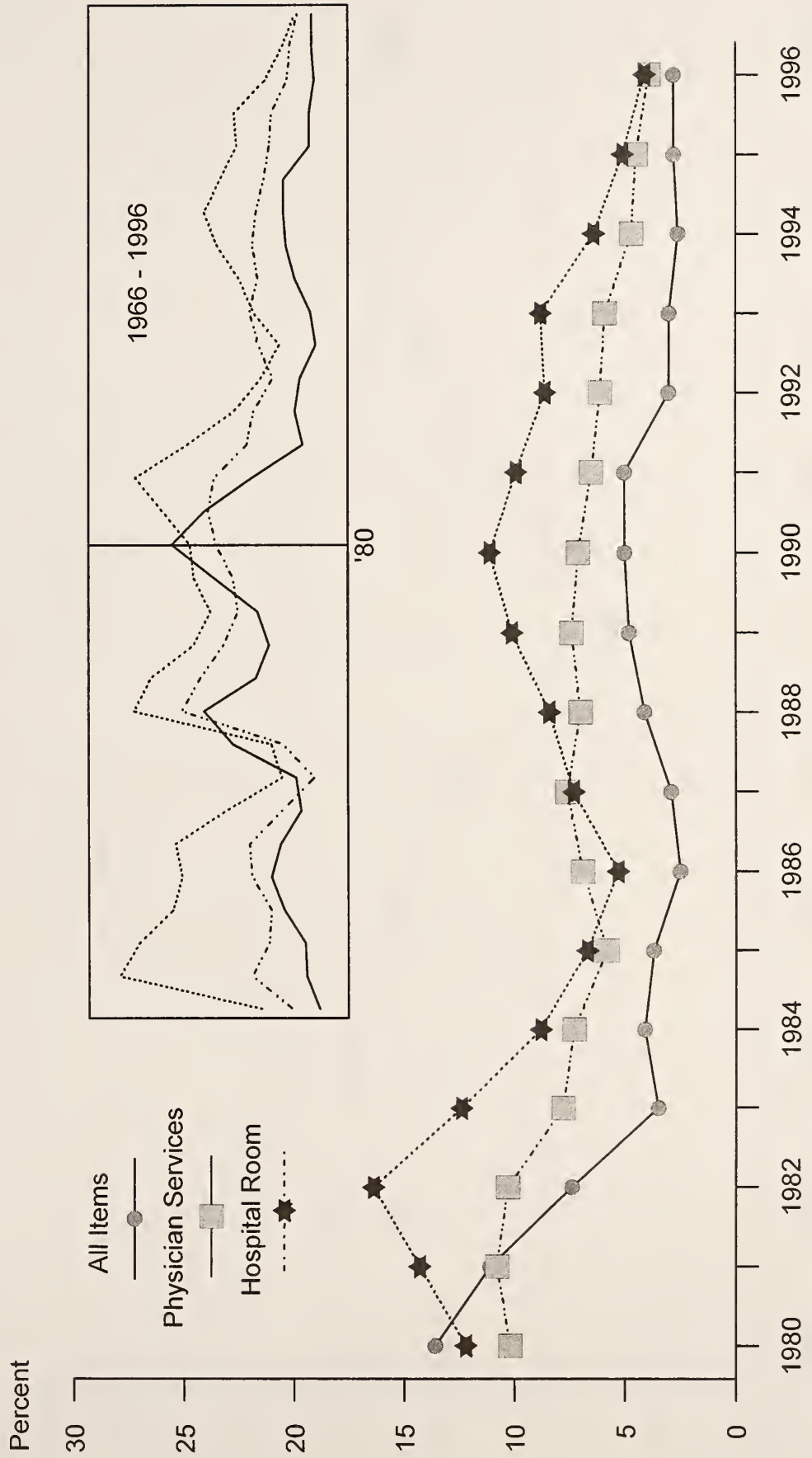
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# Consumer Price Indexes Annual Percent Change

## Fiscal Years

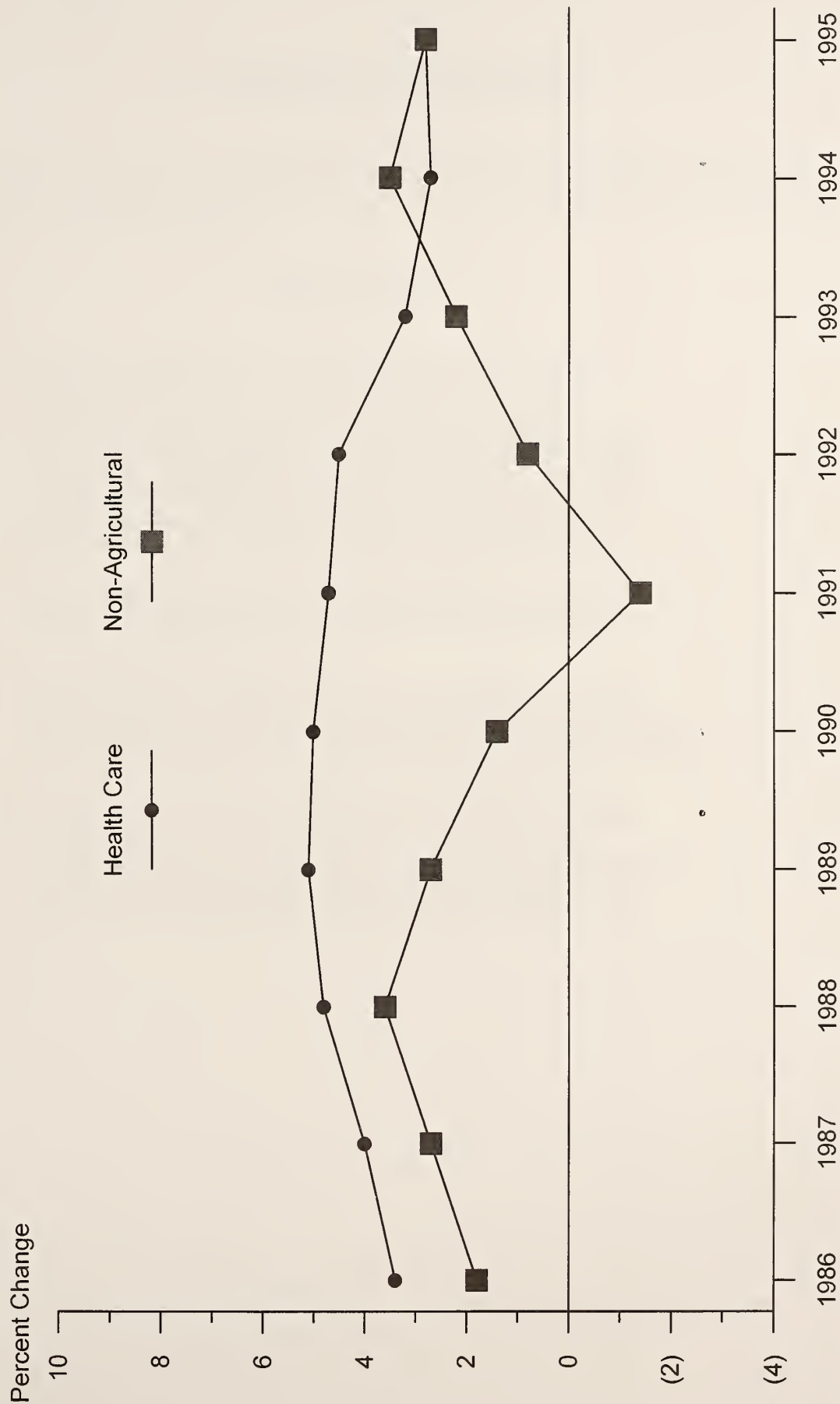
### (1982-84=100)





# Workhours in Private Health Care Establishments versus All Non-Agricultural Establishments

Calendar Years



SOURCE: HCFA/OACT

March 1997





### III. ADMINISTRATIVE/OPERATING

Information in this section concerns activities and services related to the oversight of the day-to-day operations of HCFA programs. Current and trend data on trust fund operations, contractor performance and administrative costs are included.

#### **HIGHLIGHTS**

- o Medicare Hospital Insurance benefit payments grew from \$2.5 billion in FY 1967 to \$124.1 billion in FY 1996. The Medicare Supplementary Medical Insurance benefit payments increased from \$.7 billion in FY 1967 to \$67.2 billion in FY 1996. The greatest increase to both programs occurred between 1970 and 1980, due to the addition of coverage for disabled persons beginning in 1973. In addition, there was a substantial increase in both programs from 1989 to 1990 due to the Medicare Catastrophic Coverage Act.*
- o Medicare total HI and SMI administrative expenses as a percent of total HI and SMI benefit payments decreased from 7.1 percent in FY 1967 to 1.6 percent in FY 1996.*
- o As of January 1997, Medicare had 37 Intermediaries and 19 carriers processing claims. Part A and Part B unit costs decreased 6 percent and 7 percent, respectively, from FY 1995 to FY 1996. During FY 1996, Part A unit costs were \$1.27 and Part B unit costs were \$1.03.*
- o In FY 1996, covered charges on assigned claims were reduced an average of \$78.42. Covered charges on unassigned claims in FY 1996 were reduced an average of \$13.22. Unassigned claims had a lower reduction average after FY 1990 due to the limiting charge provision on unassigned claims beginning January 1, 1991.*



# Medicare Operations of the HI Trust Fund Selected Fiscal Years

Fiscal Year <sup>1</sup>	Income					Disbursements				Trust Fund	
	Transfers from Railroad Retirement Account	Transfers for Uninsured Persons	Reimbursement for Voluntary Enrollees	Payments for Military Wage Credits	Interest on Investments and Other Income <sup>2</sup>	Total Income	Benefit Payments <sup>3</sup>	Administrative Expenses <sup>4</sup>	Total Disbursements	Net Increase in Fund	Fund at End of Year
1967	\$2,689	\$16	\$327	\$11	\$46	\$3,089	\$2,508	\$89	\$2,597	\$492	\$1,343
1970	4,785	64	617	11	137	5,614	4,804	149	4,953	661	2,677
1975	11,291	132	481	48	609	12,568	10,353	259	10,612	1,956	9,870
1980	23,244	244	697	141	1,072	25,415	23,790	497	24,288	1,127	14,490
1985	46,490	371	766	86	3,182	50,933	47,841	813	48,654	4,103	21,277
1990	70,655	367	413	107	7,908	79,563	65,912	774	66,687	12,876	95,631
1991	74,655	352	605	-1,011 <sup>5</sup>	8,969	83,938	68,705	934	69,638	14,299	109,930
1992	80,978	374	621	86	10,133	92,677	80,784	1,191	81,974	10,703	120,633
1993	83,147	400	367	81	12,484 <sup>6</sup>	97,101	90,738	866	91,604	5,497	126,131
1994	92,028	413	506	80	12,315	106,195	101,535	1,235	102,770	3,425	129,555
1995	98,053	396	462	61	14,876	114,847	113,583	1,300	114,883	-36	129,520
1996	106,934	401	419	-2,293 <sup>7</sup>	14,565	121,135	124,088	1,229	125,317	-4,182	125,338

Amount in millions

<sup>1</sup> Fiscal years 1975 and earlier consist of the 12 months ending on June 30 of each year; fiscal years 1980 and later consist of the 12 months ending on September 30 of each year.

<sup>2</sup> Other income includes recoveries of amounts reimbursed from the trust fund which are not obligations of the trust fund and a small amount of miscellaneous income.

<sup>3</sup> Includes cost of Peer Review Organizations (beginning with the implementation of the Prospective Payment System on October 1, 1983).

<sup>4</sup> Includes cost of experiments and demonstration projects.

<sup>5</sup> Includes the lump sum general revenue transfer of -\$1,100 million, as provided for by section 151 of P.L. 98-21.

<sup>6</sup> Includes the transfer from SMI to HI of \$1,805 million, representing premiums paid into the SMI trust fund under the Medicare Catastrophic Coverage Act of 1988 (P.L. 100-360), as provided for by P.L. 102-394.

<sup>7</sup> Includes the lump sum general revenue transfer of -\$2,366 million, as provided for by section 151 of P.L. 98-21.

NOTES: Totals do not necessarily equal the sum of rounded components. Interfund borrowing transfers were \$1,824 in 1985; this is a repayment of loan principal to the HI trust fund.

SOURCE: HCFA/OACT

March 1997

# **Medicare Operations of the SMI Trust Fund** **Selected Fiscal Years**

Fiscal Year <sup>1</sup>	Income			Disbursements			Balance in Fund at End of Year <sup>4</sup>	
	Premiums from Participants	Government Contribu- tions <sup>2</sup>	Interest and Other Income <sup>3</sup>	Total Income	Benefit Payments	Adminis- trative Expenses		Total Disburse- ments
Amount in millions								
1967	\$647	\$623	\$15	\$1,285	\$664	\$135 <sup>5</sup>	\$799	\$486
1970	936	928	12	1,876	1,979	217	2,196	57
1975	1,887	2,330	105	4,322	3,765	405	4,170	1,424
1980	2,928	6,932	415	10,275	10,144	593	10,737	4,532
1985	5,524	17,898	1,155	24,577	21,808	922	22,730	10,646
1990	11,494	33,210	1,434	46,138	41,498	1,524	43,022	14,527
1991	11,807	34,730	1,629	48,166	45,514	1,505	47,019	15,675
1992	12,748	38,684	1,717	53,149	48,627	1,661	50,288	18,535
1993	14,683	44,227	84 <sup>6</sup>	58,994	52,409	1,845	54,254	23,276
1994	16,895	38,355	2,118	57,367	58,006	1,718	59,724	20,919
1995	19,243	36,988	1,937	58,169	63,491	1,722	65,213	13,875
1996	18,931	61,702	1,392	82,025	67,176	1,771	68,947	26,953

<sup>1</sup> For 1967 through 1975, fiscal years cover the interval from July 1 through June 30; fiscal years 1980 and after cover the interval from October 1 through September 30.

<sup>2</sup> The payments shown as being from the general fund of the Treasury include certain interest-adjustment items.

<sup>3</sup> Other income includes recoveries of amounts reimbursed from the trust fund which are not obligations of the trust fund and other miscellaneous income.

<sup>4</sup> The financial status of the program depends on both the total net assets and the liabilities of the program.

<sup>5</sup> Administrative expenses shown include those paid in fiscal years 1966 and 1967.

<sup>6</sup> Includes the transfer from SMI to HI of \$1,805 million, representing premiums paid into the SMI trust fund under the Medicare Catastrophic Coverage Act of 1988 (P.L. 100-360), as provided for by P.L. 102-394.

<sup>7</sup> A scheduled general fund transfer of \$6.7 billion could not be made in December 1995, due to the absence of funding during that month. Subsequently, the transfer was made in March 1996 making the SMI income for 1996 higher than normal.

NOTE: Totals do not necessarily equal the sum of rounded components.

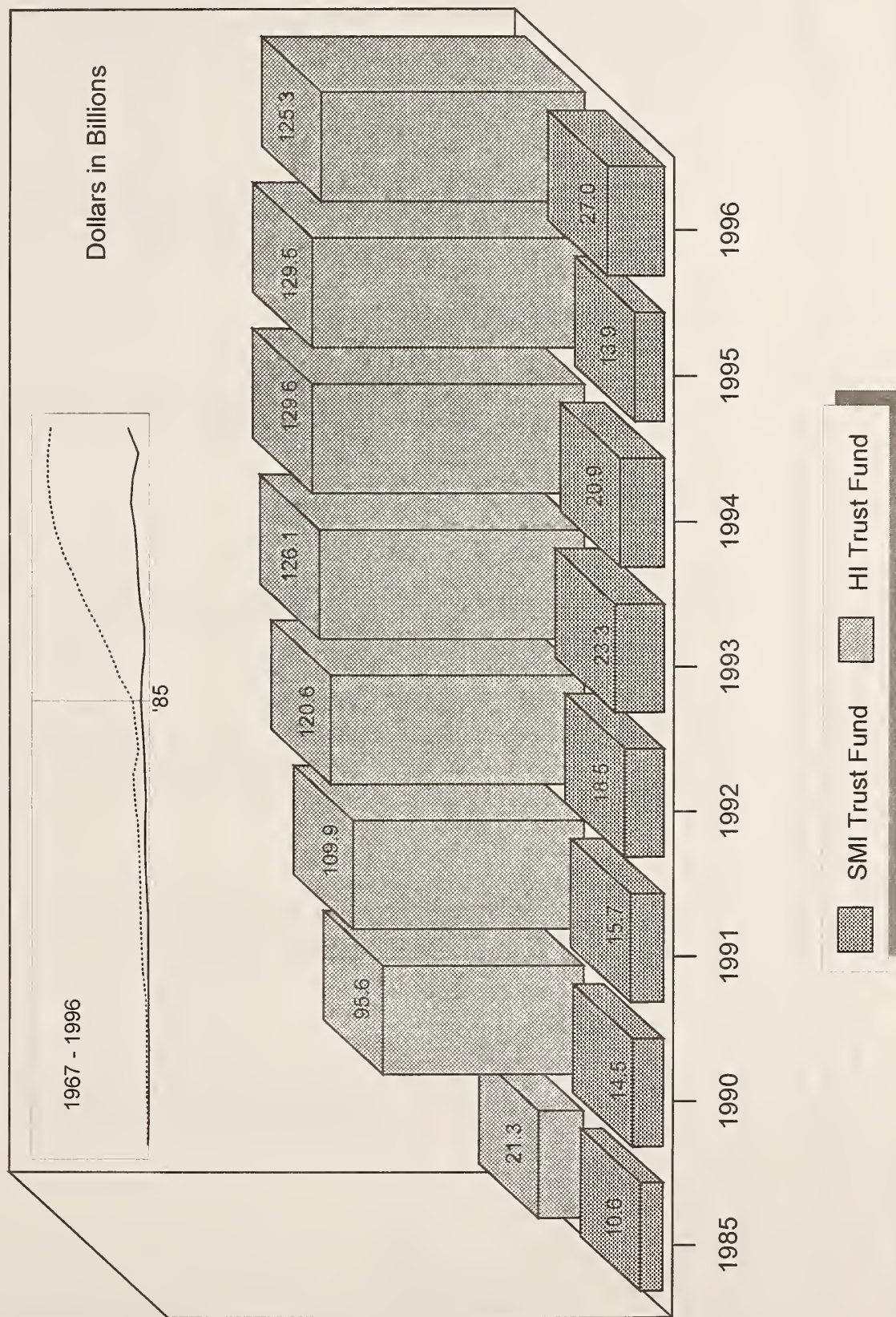
SOURCE: HCFA/OACT

March 1997



# Medicare HI & SMI Trust Fund Balances

## Fiscal Years



SOURCE: HCFA/OACT

March 1997



# **Medicare SMI Trust Fund Income** **Selected Fiscal Years**

Fiscal Year	Total Income (less interest)	Premiums from Participants			Government Contributions <sup>1</sup>		
		Total	Aged	Disabled	Total	Aged	Disabled
Amount in millions							
1967	\$ 1,270	\$ 647	\$ 647	--	\$ 623	\$ 623	--
1970	1,863	936	936	--	927	927	--
1975	4,217	1,887	1,736	\$ 151	2,330	1,711	\$ 619
1980	9,851	2,928	2,637	291	6,923	5,035	1,322
1985	23,422	5,524	5,042	482	17,898	15,071	2,827
1990	44,704	11,494 <sup>2</sup>	10,138	995	33,210	31,107	2,103
1991	46,537	11,807	10,741	1,066	34,730	32,224	2,506
1992	51,432	12,748	11,564	1,184	38,684	34,109	4,575 <sup>3</sup>
1993	58,910	14,683	13,255	1,428	44,227	38,825	5,402
1994	55,249	16,895	15,212	1,683	38,355	33,481	4,873
1995	56,232	19,243	17,126	2,117	36,988	31,146	5,842
1996	80,012	18,931	16,858	2,073	61,702	52,391	9,311
Percent change							
1967-1996	6,200	2,826	2,506	--	9,804	8,309	--
1975-1996	1,797	903	871	1,273	2,548	2,962	1,404
1994-1995	2	14	13	26	-4	-7	20
1995-1996	42	-2	-2	-2	67	68	59

<sup>1</sup> Interest on delayed transfers from general funds is included.

<sup>2</sup> Total includes catastrophic premiums.

<sup>3</sup> Government contributions include not only amounts to help cover program costs but adjustments to the assets to account for contingencies. Since the financing rates to determine both premium rates and government contributions are set prospectively, the financing may not be adequate to cover actual program expenditures. Consequently, trust fund assets contain contingency levels to cover the impact of a reasonable degree of variation between actual and projected expenditures. The large increase in the disabled government contributions after 1991 reflects increased contributions to the disabled contingency level.

NOTES: Totals do not necessarily equal the sum of rounded components. For more detail on fund transactions, see "Annual Report of the Board of Trustees of the Supplementary Medical Insurance Trust Fund." Legislation mandates that from January 1984 through December 1990 the monthly premium for aged enrollees be kept at a constant 25 percent of expected monthly cost, i.e., one half the actuarial rate.

SOURCE: HCFA/OACT

March 1997



# **Medicare Ratio of SMI Benefit Payments to Premium Income** **Selected Fiscal Years**

Fiscal Year	Benefit Payments			Ratio of Benefit Payments to Premium Income		
	Total	Aged	Disabled	Total	Aged	Disabled
Amount in Millions						
1967	\$664	\$664	--	1.0	1.0	--
1970	1,979	1,979	--	2.1	2.1	--
1975	3,765	3,289	\$476	2.0	1.9	3.2
1980	10,144	8,497	1,647	3.5	3.2	5.7
1985	21,808	19,077	2,731	3.9	3.8	5.7
1986	25,169	22,067	3,102	4.4	4.2	6.2
1987	29,937	26,350	3,587	4.6	4.5	6.2
1988	33,682	29,796	3,886	3.8	3.7	4.9
1989	36,867	32,748	4,119	3.5 <sup>1</sup>	3.5 <sup>1</sup>	4.4 <sup>1</sup>
1990	41,498	36,837	4,661	3.6	3.6	4.7
1991	45,514	40,198	5,316	3.9	3.7	5.0
1992	48,627	42,784	5,843	3.8	3.7	4.9
1993	52,409	45,664	6,745	3.6	3.4	4.7
1994	58,006	50,167	7,839	3.4	3.3	4.7
1995	63,491	54,652	8,839	3.3	3.2	4.2
1996	67,176	57,336	9,840	3.6	3.4	4.7
Percent change						
1967-1996	10,017	8,535	--			
1975-1996	1,684	1,643	1,967			
1993-1994	11	10	16			
1994-1995	9	9	13			
1995-1996	6	5	11			

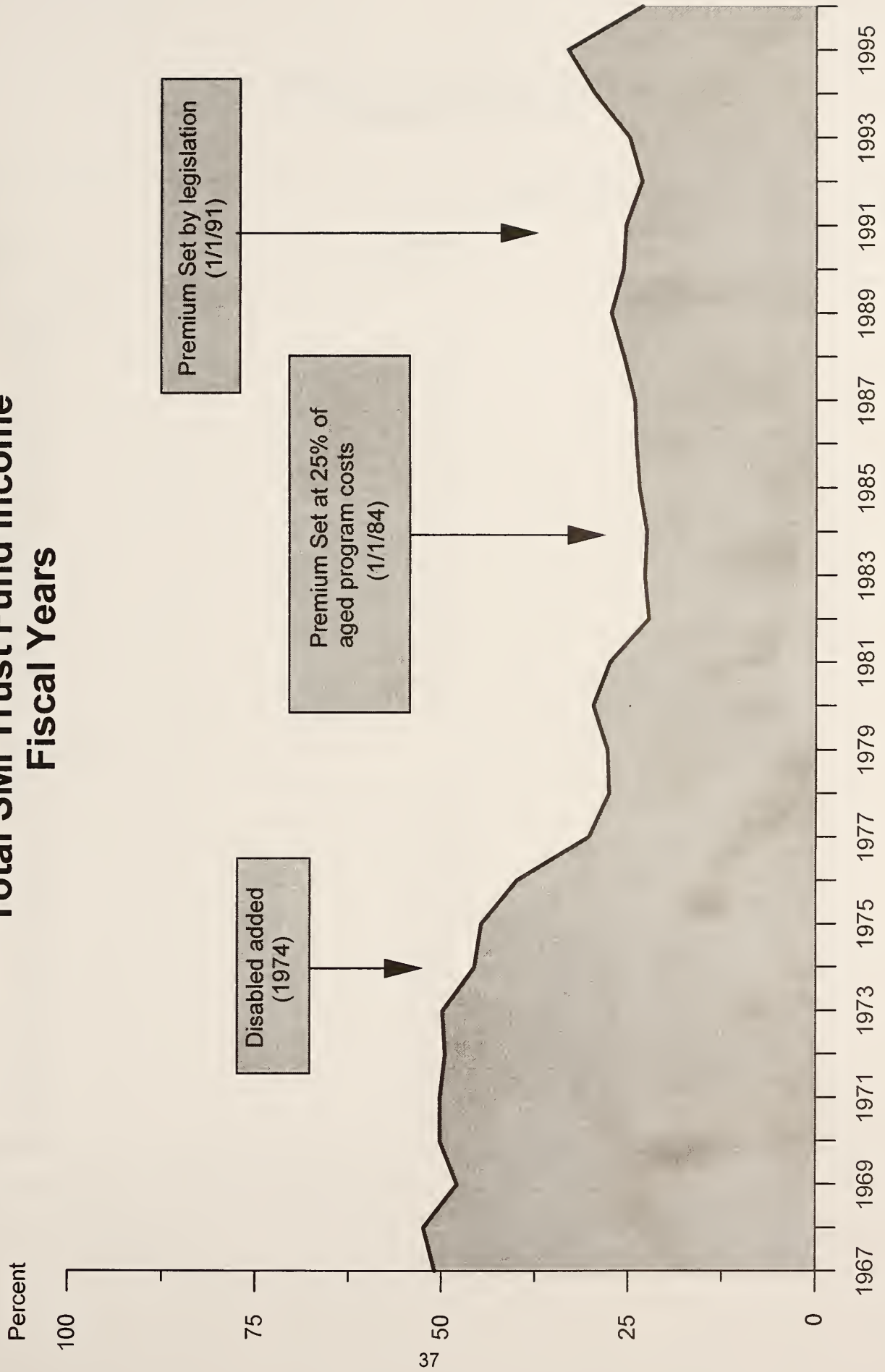
<sup>1</sup> Calculation based on standard premiums which exclude catastrophic premium income.

NOTES: For more detail on fund transactions, see "Annual Report of the Board of Trustees of the Supplementary Medical Insurance Trust Fund."

SOURCE: HCFA/OACT

March 1997

# Medicare Premiums as a Percent of Total SMI Trust Fund Income Fiscal Years







# **Medicare Administrative Expenses Selected Fiscal Years**

Fiscal Year	Administrative Expenses	
	Amount in Millions	Percent of Benefit Payments
<b>HI Trust Fund</b>		
1967	\$89	3.5
1970	149	3.1
1975	259	2.5
1980	497	2.1
1985	813	1.7
1986	667	1.4
1987	836	1.7
1988	707	1.4
1989	805	1.4
1990	774	1.2
1991	934	1.4
1992	1,191	1.5
1993	866	1.0
1994	1,235	1.2
1995	1,300	1.1
1996	1,229	1.0
<b>SMI Trust Fund</b>		
1967	135 <sup>1</sup>	20.3
1970	217	11.0
1975	405	10.8
1980	593	5.8
1985	922	4.2
1986	1,049	4.2
1987	900	3.0
1988	1,265	3.8
1989	1,450	3.9
1990	1,524	3.7
1991	1,505	3.3
1992	1,661	3.4
1993	1,845	3.5
1994	1,718	3.0
1995	1,722	2.8
1996	1,771	2.6

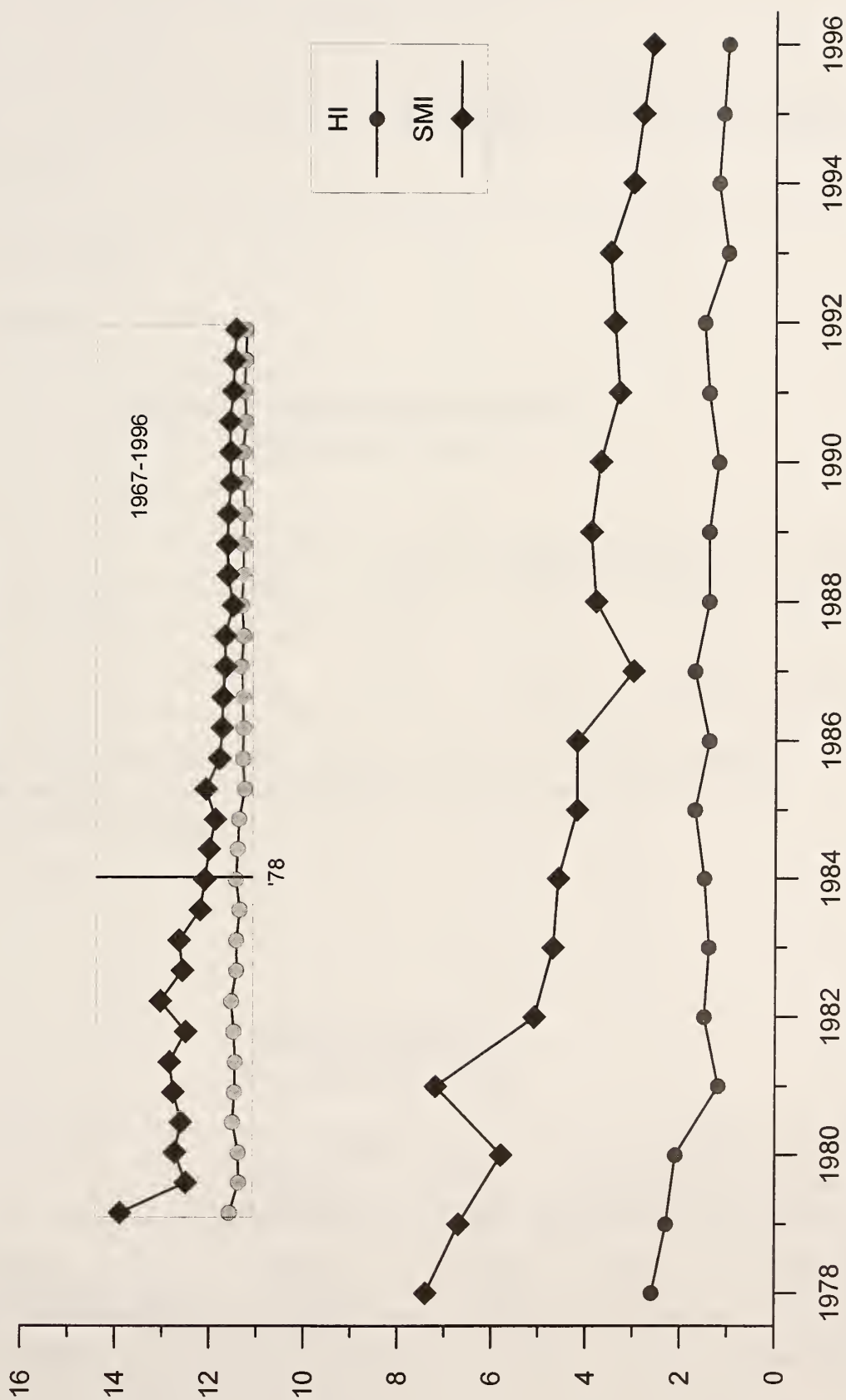
<sup>1</sup> Includes expenses paid in fiscal years 1966 and 1967.

SOURCE: HCFA/OACT

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# Medicare Administrative Expenses Percent of Benefit Payments Fiscal Years



SOURCE: HCFA/OACT

March 1997





### Medicare Contractors 1996

	Intermediaries	Carriers
Blue Cross/Blue Shield	37	19
Other	5	8

Data as of January 1, 1997

SOURCE: HCFA/BPO

### Medicare Claims Processing Costs Selected Fiscal Years

	Net Unit Cost per Claim				
	1975	1980	1985	1990	1996
Intermediaries <sup>1</sup>	\$3.84	\$2.96	\$2.33	\$1.86	\$1.27
Carriers <sup>2</sup>	\$2.90	\$2.33	\$1.88	\$1.56	\$1.03

<sup>1</sup> Includes direct costs and overhead costs for bill payment, reconsiderations and hearings lines.

<sup>2</sup> Includes direct costs and overhead costs for the claims payment, reviews and hearings, and beneficiary/physician inquiries lines.

SOURCE: HCFA/BPO

### Medicare Appeals Fiscal Years 1995 - 1996

	1995		1996	
	Intermediary Reconsiderations	Carrier Reviews	Intermediary Reconsiderations	Carrier Reviews
Number Processed	49,937	3,993,334	60,675	3,638,363
Percent With Increased Payments	42.9	76.9	35.8	74.2

SOURCE: HCFA/BPO

March 1997

**Medicare Physician/Supplier Claims Charge Reductions**  
**Selected Fiscal years 1980 - 1996**

Fiscal Year	Claims Approved		Total Covered Charges		
	Number in thousands	Percent Reduced	Amount in millions	Percent Reduced	Amount Reduced per Claim
<u>Assigned (HCFA-1490/1500)</u>					
1980	70,937	80.0	\$6,878	22.5	\$21.81
1985	168,587	81.7	20,743	27.0	33.19
1986	188,075	82.5	24,108	28.4	36.43
1987	222,277	83.0	29,436	27.9	36.90
1988	264,096	85.5	36,083	29.3	39.97
1989	295,666	86.3	41,852	30.9	43.72
1990	329,061	87.6	48,711	32.6	48.22
1991	373,250	86.7	57,547	35.2	54.20
1992	406,502	87.0	66,062	39.2	63.60
1993	446,475	88.2	74,261	42.1	70.08
1994	496,264	88.1	82,855	42.5	71.03
1995	534,972	86.4	91,672	42.2	72.31
1996	544,639	87.1	96,205	44.4	78.42
<u>Unassigned (HCFA-1490/1500)</u>					
1980	66,207	83.7	\$6,527	22.3	\$21.96
1984	90,866	83.1	11,429	23.6	29.69
1985	77,646	84.6	10,051	25.6	33.12
1986	84,853	84.9	10,581	26.6	33.15
1987	85,160	82.5	10,516	25.5	31.44
1988	78,484	85.7	9,351	24.7	29.47
1989	74,621	89.2	8,794	25.2	29.67
1990	75,879	90.3	8,702	25.3	28.97
1991	78,450	90.7	8,134	24.0 <sup>1</sup>	24.84 <sup>1</sup>
1992	69,522	85.4	6,671	19.8 <sup>1</sup>	18.95 <sup>1</sup>
1993	54,096	85.5	4,724	16.9 <sup>1</sup>	14.75 <sup>1</sup>
1994	42,544	86.7	3,489	16.4 <sup>1</sup>	13.45 <sup>1</sup>
1995	32,695	83.9	2,725	15.6 <sup>1</sup>	13.01 <sup>1</sup>
1996	24,390	84.5	2,071	15.6 <sup>1</sup>	13.22 <sup>1</sup>

<sup>1</sup> The reduction rate was less on unassigned claims in 1991 through 1996 due to the limiting charge provision on unassigned claims beginning January 1, 1991.

NOTE: Charge reduction is the total dollar amount reduced as a result of charge determination made by a carrier.

SOURCE: HCFA/BPO

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# **Medicare Charge Determination Data for Physician/Supplier Claims Selected Fiscal Years 1975-1996**

Fiscal Year	Claims Paid or Applied to Deductible		Claims on Which Charge Reductions Were Made				
	Number in thousands	Total Covered Charges in thousands	Number in thousands	Percent of Claims Paid or Applied to Deductible	Amount of Reduction		Avg. Amount per Approved Claim
					Total in thousands	Percent of Covered Charges	
1975	75,694	\$5,324,636	50,738	67.0	\$863,847	16.2	\$11.41
1980	145,157	13,765,039	113,707	78.3	3,063,364	22.3	21.10
1985	246,337	30,800,071	203,405	82.6	8,168,817	26.5	33.16
1986	272,969	34,692,565	227,127	83.2	9,664,309	27.9	35.40
1987	307,437	39,952,727	254,672	82.8	10,879,839	27.2	35.39
1988	342,580	45,434,338	293,027	85.5	12,867,579	28.3	37.56
1989	370,288	50,646,122	321,851	86.9	15,139,981	29.9	40.89
1990	404,939	57,413,496	356,775	88.1	18,063,716	31.5	44.61
1991	451,700	65,680,424	394,615	87.4	22,179,014	33.8	49.10
1992	476,024	72,733,350	413,095	86.8	27,170,734	37.4	57.08
1993	500,572	78,984,666	439,888	87.9	32,089,244	40.6	64.11
1994	538,808	86,344,476	473,907	88.0	35,823,544	41.5	66.49
1995	567,666	94,396,848	489,467	86.2	39,108,517	41.4	68.89
1996	569,029	98,276,302	494,764	86.9	43,035,169	43.8	75.63

NOTE: Data prior to July 1, 1976 exclude claims handled by the Social Security Administration's Office of Direct Reimbursement.

SOURCE: HCFA/BPO

March 1997

**Medicaid Administrative Expenses  
Fiscal Years 1994 - 1996**

	1994	1995	1996
Amount in Thousands			
Total Payments Computable for Federal Funding <sup>1</sup>	\$6,198,317	\$7,662,545	\$6,727,268
Federal Share <sup>1</sup>			
Family Planning	13,381	20,576	13,811
Design, Development or Installation of MMIS <sup>2</sup>	44,247	51,991	36,725
Skilled Professional Medical Personnel	142,477	179,450	180,926
Operation of an Approved MMIS	528,395	588,198	585,499
Other Financial Participation	2,630,255	3,323,573	2,853,004
Mechanized Systems Not Approved Under MMIS <sup>2</sup>	51,470	56,422	49,694
Total Administration	3,410,225	4,220,210	3,719,659
Net Adjusted Federal Share <sup>3</sup>	3,064,493	3,544,174	NA

<sup>1</sup> Source: Form HCFA-64 (net expenditures reported -- Administration). Fiscal Year 1996 is preliminary.

<sup>2</sup> Medicaid Management Information System.

<sup>3</sup> Includes Federal share of net expenditures reported plus HCFA adjustments.

SOURCE: HCFA/MB

March 1997



## IV. POPULATIONS

Information about persons covered by Medicare Hospital Insurance (HI) and Supplementary Medical Insurance (SMI) and Medicaid.

Medicare statistics are based on persons enrolled for coverage. Medicaid recipient counts are used as a surrogate of persons eligible for coverage. Current and trend data showing demographic and eligibility category distributions are included.

### HIGHLIGHTS

- o In 1996, about 88 percent of the Medicare population was age 65 and over.*
- o An estimated 97 percent of the total aged population has some type of Medicare coverage.*
- o In 1996, approximately 94 percent of the total Medicare population was covered by both Part A and Part B.*
- o The Medicare Part A beneficiaries ages 85 and over, as a percent of all aged beneficiaries, increased from 6.2 percent in 1966 to 11.6 percent in 1995. During this same time period, the 65 to 69 year age group, as a percent of all aged beneficiaries, decreased from 34.1 percent in 1966 to 28.7 percent in 1995.*
- o The Medicare female beneficiaries enrolled in Medicare Part A, as a percent of all aged beneficiaries, increased from 57.4 percent in 1966 to 59.3 percent in 1995. During this same time period, the Medicare male beneficiaries enrolled in Medicare Part A, as a percent of all aged beneficiaries, decreased from 42.6 percent in 1966 to 40.7 percent in 1995.*
- o The number of Medicaid recipients is expected to increase to 37.7 million by 1998. This will represent a 75 percent increase since 1980.*
- o There has been an increase of almost 21 percent in the number of Medicare State Buy-Ins between 1992 and 1995.*





# **Medicare Enrollees Selected Years**

	1975	1980	1985	1990	1995	1996	1997	1998	1999
	Number in millions								
<b>HI and/or SMI</b>									
Total	25.0	28.5	31.1	34.2	37.5	37.8	38.8	39.2	39.7
Aged	22.8	25.5	28.2	30.9	33.1	33.2	33.7	33.9	34.1
Disabled	2.2	3.0	2.9	3.3	4.4	4.6	5.1	5.3	5.6
<b>HI</b>									
Total	24.6	28.1	30.6	33.7	37.1	37.4	38.2	38.7	39.1
Aged	22.5	25.1	27.7	30.5	32.7	32.8	33.2	33.4	33.6
Disabled	2.2	3.0	2.9	3.3	4.4	4.6	5.0	5.2	5.5
<b>SMI</b>									
Total	23.9	27.4	30.0	32.6	35.7	35.8	36.6	37.0	37.4
Aged	21.9	24.7	27.3	29.7	31.7	31.8	32.2	32.4	32.6
Disabled	2.0	2.7	2.7	2.9	3.9	4.1	4.4	4.6	4.8
<b>HI and SMI</b>	23.6	27.0	29.5	32.1	35.3	35.4	36.0	36.5	36.8
<b>HI Only</b>	1.1	1.1	1.1	1.6	1.8	2.0	2.2	2.2	2.3
<b>SMI Only</b>	0.3	0.4	0.5	0.5	0.4	0.4	0.6	0.5	0.6

NOTES: Historical data from BDMS for 1975-1996 are as of July. Projections for 1997-1999 are actuarial forecasts from OACT and represent ever enrolled. Totals do not necessarily equal the sum of rounded components.

SOURCES: HCFA/OACT/BDMS

March 1997

**Medicare HI and/or SMI Enrollment Demographics  
1996**

	Total	Male	Female
Number in thousands			
All Persons	38,092	16,332	21,759
Aged Persons	33,404	13,576	19,828
65 - 74	18,031	8,061	9,970
75 - 84	11,408	4,414	6,994
85 and over	3,965	1,101	2,864
Disabled Persons	4,688	2,756	1,932
Under 45	1,610	983	627
45 - 54	1,317	776	541
55 - 64	1,760	997	763
White	32,530	13,902	18,628
Black	3,410	1,448	1,962
All Other	1,729	816	913
Native American	34	18	16
Asian/Pacific	177	77	100
Hispanic	419	205	214
Other	1,100	517	583
Unknown Race	423	166	256

NOTES: Data as of December. Totals do not necessarily equal the sum of the rounded components.

SOURCE: HCFA/BDMS

**Medicare HI and/or SMI Enrollment End Stage Renal Disease Demographics  
1995**

	Number of Enrollees
All Persons	256,961
Age	
Under 25	7,872
25-44	54,123
45-64	90,740
65 and over	104,226
Sex	
Male	137,624
Female	119,337
Race	
White	145,558
Non-white	97,227
Unknown	14,176

NOTE: Data as of July.

SOURCE: HCFA/BDMS

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# **Medicare HI Enrollment Demographics Selected Years**

Year	Number in thousands	Percent Distribution by Age					Median Age in Years	
		Total	65-69	70-74	75-79	80-84		85+
1966	19,082	100.0	34.1	28.7	19.8	11.2	6.2	72.6
1970	20,361	100.0	33.3	27.2	20.3	12.0	7.2	73.0
1975	22,472	100.0	33.5	26.3	19.3	12.5	8.4	73.0
1980	25,104	100.0	33.1	26.3	18.8	12.2	9.6	73.0
1985	27,683	100.0	31.9	26.3	19.2	12.3	10.3	73.3
1990	30,464	100.0	31.4	25.7	19.5	12.7	10.7	73.5
1992	31,585	100.0	30.3	26.2	19.5	13.0	11.0	73.6
1993	32,060	100.0	29.9	26.2	19.6	13.1	11.2	73.7
1994	32,409	100.0	29.3	26.5	19.5	13.3	11.4	73.8
1995	32,742	100.0	28.7	26.4	19.8	13.5	11.6	74.0

Year	All Persons	Percent Distribution of Aged Enrollees by Sex and Race					
		Male			Female		
		Total	White	Non- White	Total	White	Non- White
1966	100.0	42.6	38.6	3.4	57.4	50.8	4.1
1970	100.0	41.8	37.4	3.5	58.2	51.9	4.4
1975	100.0	40.8	36.2	3.6	59.2	52.8	4.7
1980	100.0	40.4	35.7	3.7	59.5	52.9	4.9
1985	100.0	40.3	35.4	3.7	59.7	52.8	5.1
1990	100.0	40.3	35.2	3.9	57.7	52.1	5.8
1992	100.0	40.4	34.9	4.0	59.6	51.5	6.1
1993	100.0	40.5	34.9	4.1	59.5	51.2	6.3
1994	100.0	40.6	36.0	3.7	59.4	52.6	5.6
1995	100.0	40.7	35.9	3.8	59.3	52.2	5.8
							2.5
							1.9
							1.7
							1.7
							1.8
							1.9
							2.0
							2.1
							1.3
							1.4

NOTE: Data as of July. Totals do not necessarily equal the sum of rounded components.

SOURCE: HCFA/BDMS

March 1997

**Medicare State Buy-Ins for SMI  
1992 - 1995**

Type of Beneficiary <sup>1</sup>	1992	1993	1994	1995
All Persons				
Number	3,984,624	4,302,283	4,558,015	4,819,209
Percent of SMI Enrolled	11.7	12.4	13.0	13.5
Aged				
Number	2,933,639	3,102,453	3,213,105	3,334,169
Percent of SMI Enrolled	9.6	10.0	10.2	10.5
Disabled				
Number	1,050,983	1,199,828	1,344,909	1,485,039
Percent of SMI Enrolled	32.6	34.6	36.2	37.7

<sup>1</sup> Beneficiaries in person-years for whom the State paid the Medicare SMI premium during the year.  
Percent calculated using July enrollment.

SOURCE: HCFA/BDMS

March 1997



# **Medicaid Recipients Selected Fiscal Years**

	1980	1985	1990	1995	1996	1997	1998
Number in millions							
Total	21.6	21.8	25.3	36.2	36.8	37.2	37.7
Aged	3.4	3.1	3.2	4.2	4.5	4.5	4.6
Blind	0.1	0.1	0.1	0.1	0.1	0.1	0.1
Disabled	2.8	2.9	3.6	5.9	6.7	6.9	6.9
Children	9.3	9.8	11.2	17.6	17.5	17.6	17.9
Adults	4.9	5.5	6.0	7.8	7.4	7.5	7.6
Other Title XIX	1.5	1.2	1.0	0.6	0.6	0.6	0.6

NOTES: Prior to 1991, recipient categories do not add to total because recipients could be reported in more than one category. Totals after 1990 may not add due to rounding. Aged, Blind and Disabled eligibility groups include Qualified Medicare Beneficiaries (QMB). Children and Adult groups include both AFDC and poverty level recipients who are not disabled. Other Title XIX includes a small number of recipients whose basis of eligibility is unknown. Data for fiscal years 1980-1995 are historical data from BDMS as reported by States. Projections for fiscal years 1996-1998 are projections from OACT.

SOURCES: HCFA/BDMS/OACT

March 1997

# **Medicaid Recipient Demographics** **Selected Fiscal Years**

	1992	1993	1994	1995
All Recipients in thousands	30,926	33,432	35,053	36,282
Percent Distribution				
Age	100.0	100.0	100.0	100.0
Under 21	50.9	52.0	51.9	51.5
21 - 64	30.9	31.2	31.1	31.5
65 and over	13.0	12.5	12.3	12.2
Unknown	5.3	4.3	4.7	4.8
Sex	100.0	100.0	100.0	100.0
Male	34.8	35.7	36.0	36.5
Female	59.8	59.7	59.0	58.5
Unknown	5.3	4.6	5.0	5.0
Race	100.0	100.0	100.0	100.0
White	45.9	46.1	45.6	45.5
Black	25.4	25.1	24.9	24.7
American Indian/Alaskan Native	0.9	0.9	0.8	0.8
Asian/Pacific Islander	2.3	2.4	2.4	2.2
Hispanic	15.7	16.1	17.0	17.2
Unknown	9.8	9.5	9.4	9.6

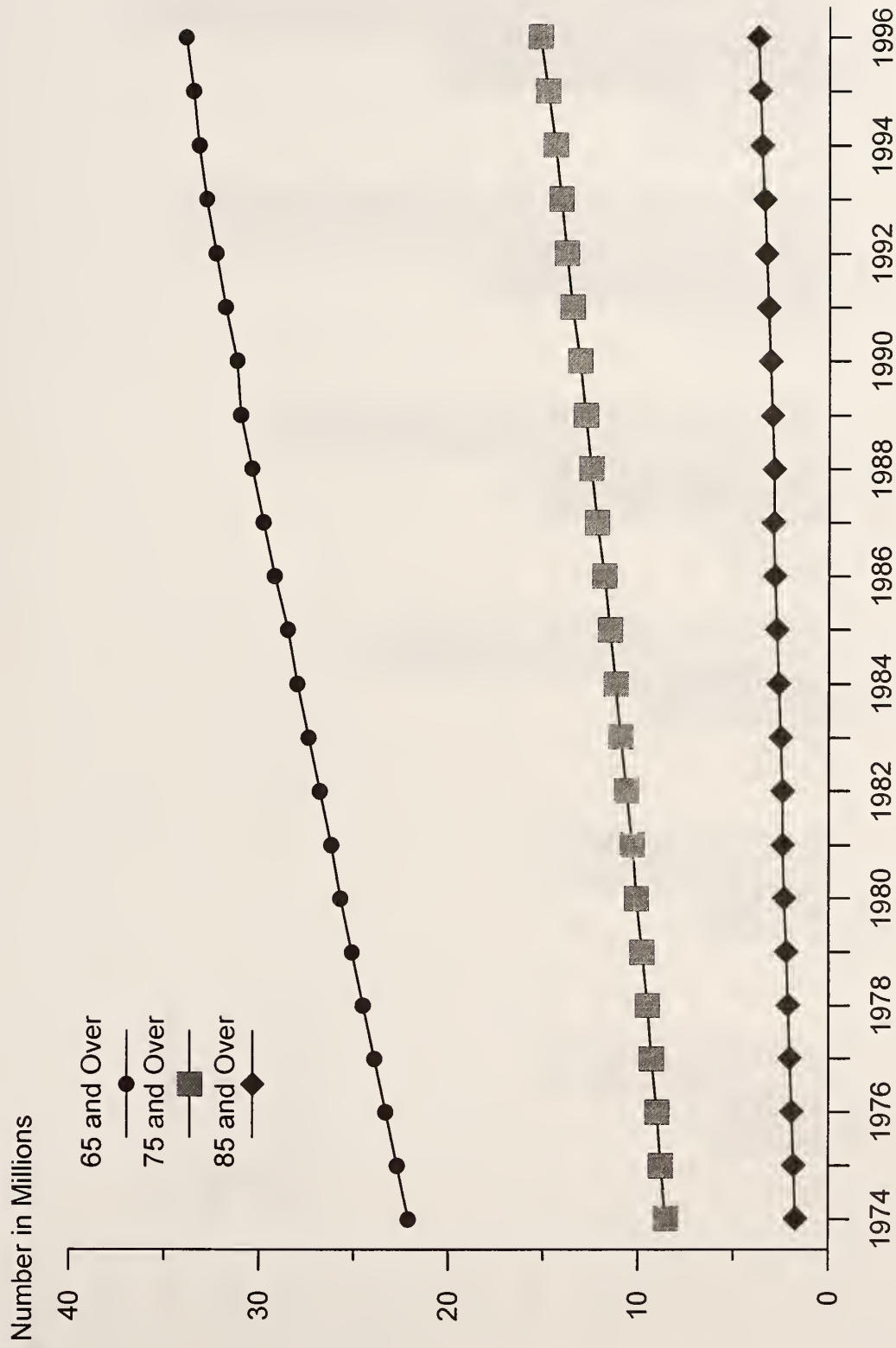
NOTES: The percent distribution is based on rounded numbers. Totals do not necessarily equal the sum of rounded components.

SOURCE: HCFA/BDMS

March 1997

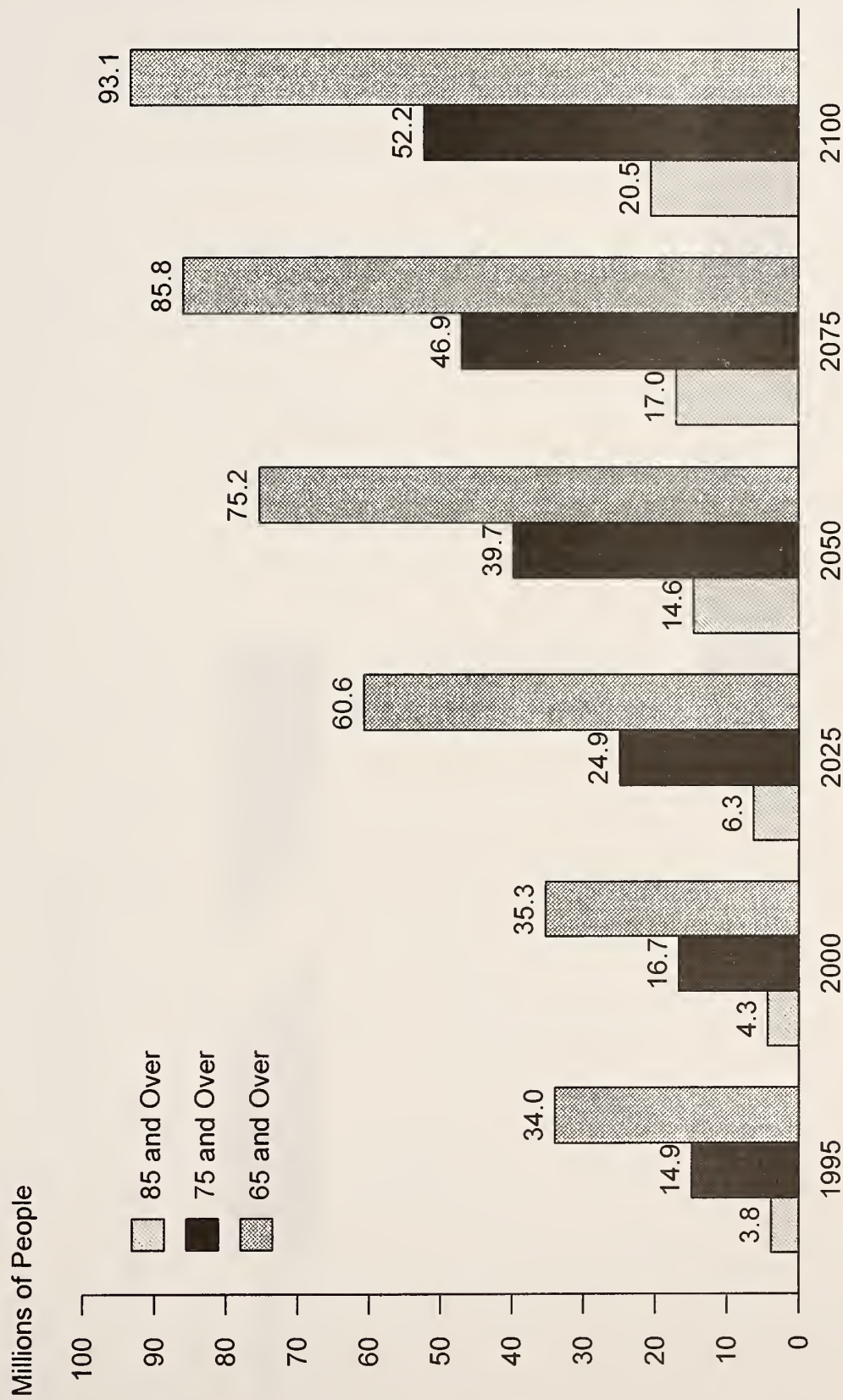
# Aged Population of the United States

July 1, 1974 - 1996





# Projected Growth of the Social Security Aged Population by Selected Calendar Years



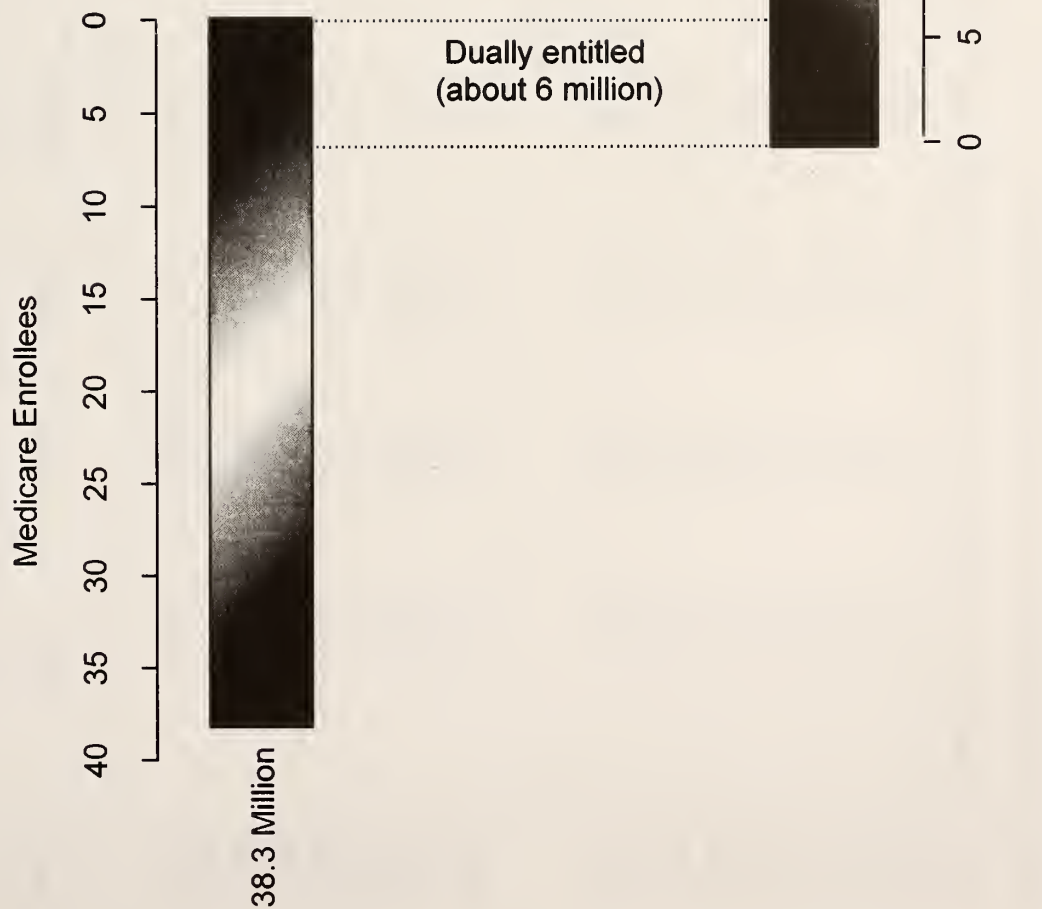
SOURCE: SSA/OACT

March 1997





# HCFA Programs Covered 69.8 Million People in 1996



March 1997

SOURCES: HCFA/OACT/BDMS



# Life Expectancy at Birth and at Age 65 by Race and Sex: United States

## Selected Calendar Years

Calendar Year	All Races			White			Black			
	Both Sexes		Men	Women	Both Sexes		Men	Women	Both Sexes	
	At Birth									
1950	68.2	65.6	71.1	69.1	66.5	72.2	60.7	58.9	62.7	
1980	73.7	70.0	77.4	74.4	70.7	78.1	68.1	63.8	72.5	
1985	74.7	71.2	78.2	75.3	71.8	78.7	69.3	65.0	73.4	
1989	75.1	71.7	78.5	75.9	72.5	79.2	68.8	64.3	73.3	
1990	75.4	71.8	78.8	76.1	72.7	79.4	69.1	64.5	73.5	
1991	75.5	72.0	78.9	76.3	72.9	79.6	69.3	64.6	73.8	
1992	75.8	72.0	78.9	76.3	72.9	79.6	69.3	64.6	73.8	
1993	75.5	72.2	78.8	76.3	73.1	79.5	69.2	64.6	73.7	
1994	75.7	72.3	79.0	76.4	73.2	79.6	69.6	64.9	74.1	
	At Age 65									
1950	13.9	12.8	15.0	NA	12.8	15.1	13.9	12.9	14.9	
1980	16.4	14.1	18.3	16.5	14.2	18.4	15.1	13.0	16.8	
1985	16.7	14.5	18.5	16.8	14.5	18.7	15.2	13.0	16.9	
1989	17.1	15.0	18.8	17.2	15.1	18.9	15.2	13.0	16.9	
1990	17.2	15.1	18.9	17.3	15.2	19.1	15.4	13.2	17.2	
1991	17.4	15.3	19.1	17.5	15.4	19.2	15.5	13.4	17.2	
1992	17.5	15.4	19.2	17.6	15.5	19.3	15.7	13.5	17.4	
1993	17.3	15.3	18.9	17.4	15.4	19.0	15.5	13.4	17.1	
1994	17.4	15.5	18.9	NA	NA	NA	NA	NA	NA	

NOTE: 1994 data are provisional and include deaths of nonresidents of the United States.

SOURCE: Public Health Service, Health United States, 1995.

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**Life Expectancy at Age 65**  
**Based on U.S. Life Table Functions**

Calendar Year	Male	Female
Number in years		
1965	12.9	16.3
1970	13.1	17.1
1975	13.7	18.0
1980	14.0	18.4
1985	14.4	18.6
1990	15.0	19.0
1991	15.1	19.1
1992	15.2	19.2
1993	15.1	19.0
1994	15.3	19.0
1995 <sup>1</sup>	15.6	19.0
1996 <sup>2</sup>	15.5	19.2
1997 <sup>2</sup>	15.6	19.2
1998 <sup>2</sup>	15.7	19.3
1999 <sup>2</sup>	15.7	19.3
2000 <sup>2</sup>	15.8	19.3

<sup>1</sup> Preliminary

<sup>2</sup> Estimated

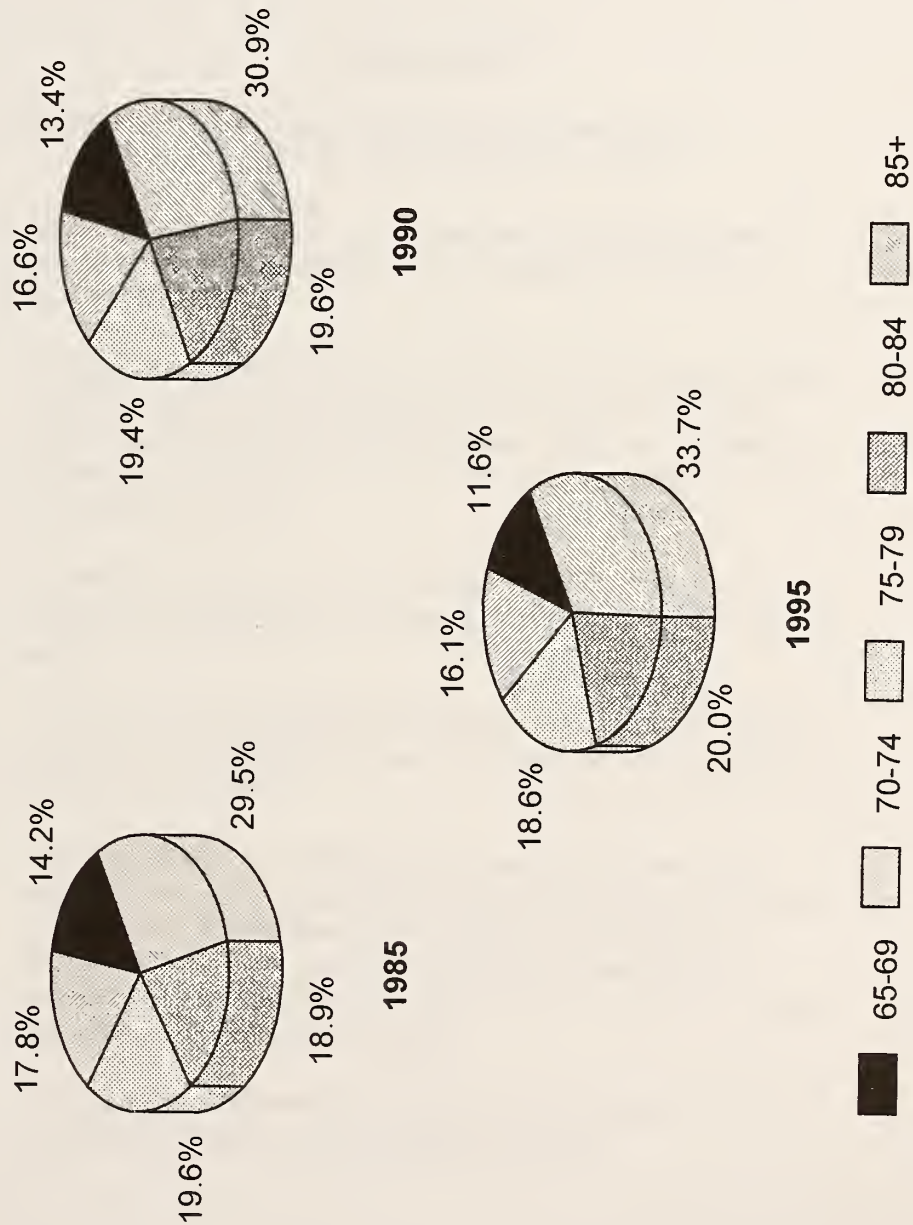
NOTE: The life expectancy is the average number of years of life remaining to a person if he were to experience the age-specific mortality rates for the tabulated year throughout the remainder of his life.

SOURCE: SSA/OACT

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# Deaths of Medicare Aged Enrollees Selected Calendar Years Percent by Age Group of Total Deaths



SOURCE: HCFA/BDMS

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## V. INCOME

Information concerning household income and poverty status of the general, Medicare and Medicaid populations.

### HIGHLIGHTS

- o In 1995, the median household income increased by about 2.7 percent from \$33,178 in 1994 to \$34,076 in 1995.*
- o While the median income for all households was \$34,076, the median income for households with an aged householder was \$19,096 in 1995.*
- o The number of persons below the official government poverty level was 36.4 million in 1995 compared to 38.1 million in 1994. This represents a decrease of 4.5 percent over 1994, and comprises a poverty rate of 13.8 percent of the Nation's population compared to 14.5 percent in 1994.*
- o In 1995, the poverty rate of 20.8 percent for all children under 18 years of age was higher than the poverty rate of 10.5 percent for the aged.*
- o In 1995, 10.5 percent of the elderly were living below poverty level compared to 15.7 percent in 1980. This represents a decrease of 553 thousand people.*
- o In all income levels, 0.9 percent of the aged had no health care coverage; whereas, 2.7 percent of the aged below poverty level had no coverage. This represents no change over 1994 where 0.9 percent of the aged in all income levels had no health care coverage and a decrease over 1994 where 3.7 percent of the aged below poverty level had no coverage.*
- o The Social Security average monthly cash benefit was \$118 as of December 1970 and \$745 as of December 1996.*



**Number and Percent of Persons in the General  
Population Living Below Poverty Level  
Selected Calendar Years**

Calendar Year	Persons in millions	Percent of General Population
1970	25.4	12.6
1980	29.3	13.0
1985	33.1	14.0
1990	33.6	13.5
1991	35.7	14.2
1992	38.0	14.8
1993	39.3	15.1
1994	38.1	14.5
1995	36.4	13.8

NOTES: The poverty status for persons living in a household is determined separately for persons in the family of the primary householder and for unrelated individuals who may reside in the household. Data in this series differ from data in other poverty level series where the poverty status of all residents in a household, related and unrelated, is defined by the poverty status of the householder.

SOURCE: U.S. Department of Commerce, Bureau of the Census

**Number and Percent of Persons and Families with Female Heads  
Living Below Poverty Level  
Selected Calendar Years**

Calendar Year	Persons		Families	
	Number in millions	Percent	Number in millions	Percent
1970	7.5	38.1	2.0	32.5
1980	10.1	36.7	3.0	32.7
1985	11.6	37.6	3.5	34.0
1990	12.6	37.2	3.8	33.4
1991	13.8	39.7	4.2	35.6
1992	14.2	39.0	4.3	35.4
1993	14.6	38.7	4.4	35.6
1994	14.4	38.6	4.2	34.6
1995	14.2	36.5	4.1	32.4

NOTES: The poverty status for persons living in a household is determined separately for persons in the family of the primary householder and for unrelated individuals who may reside in the household. Data in this series differ from other poverty level series where the poverty status of all residents in a household, related and unrelated, is defined by the poverty status of the householder.

SOURCE: U.S. Department of Commerce, Bureau of the Census

March 1997



# **Number and Percent of Elderly Living Below Poverty Level Selected Calendar Years**

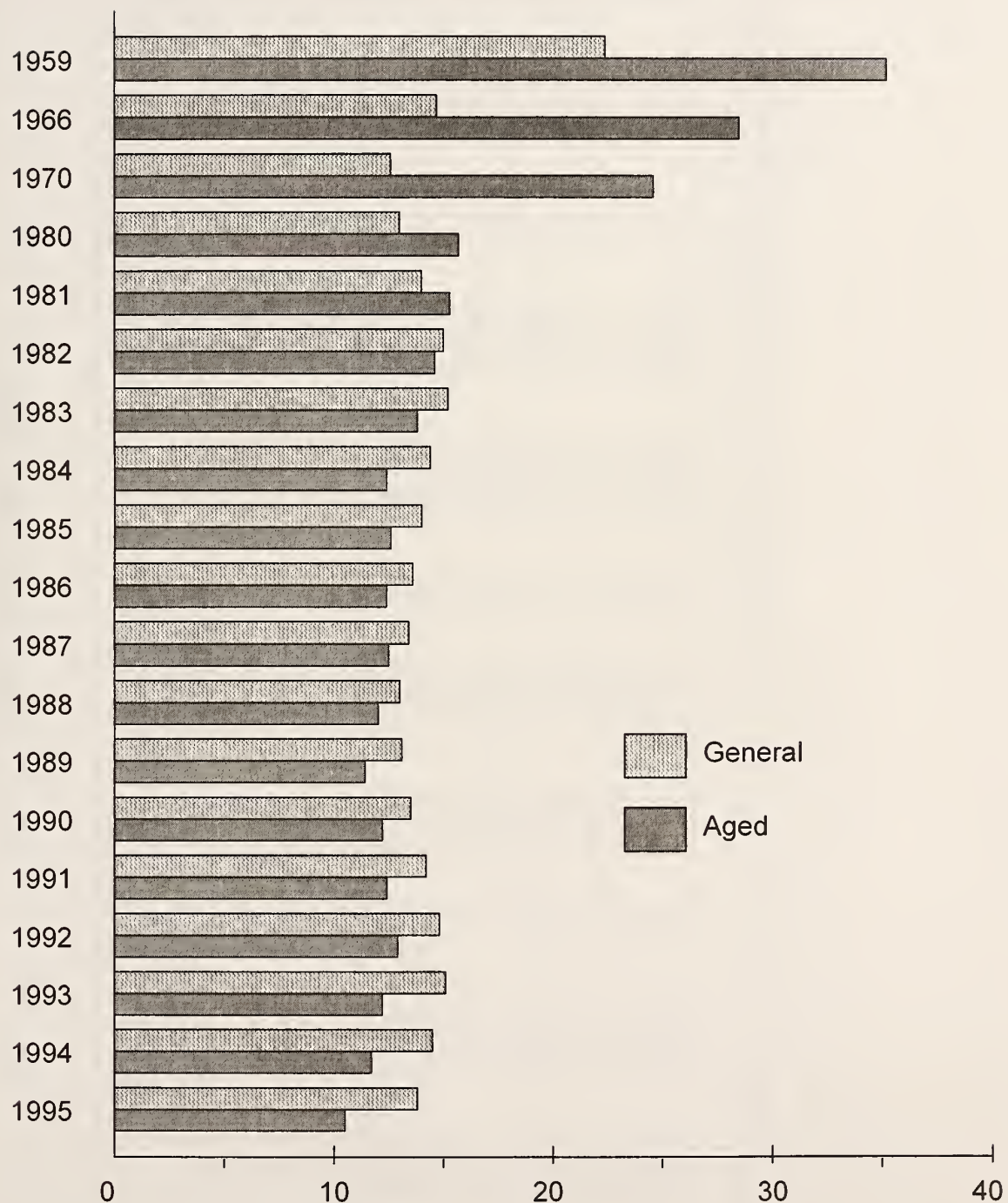
Calendar Year	Persons		Poverty Level	
	Number in millions	Percent of Total Elderly	Single Person	Two Persons
Amount in dollars				
1970	4.8	24.6	\$1,861	\$2,348
1980	3.9	15.7	3,949	4,983
1981	3.9	15.3	4,359	5,498
1982	3.8	14.6	4,626	5,836
1983	3.6	13.8	4,775	6,023
1984	3.3	12.4	4,979	6,282
1985	3.5	12.6	5,156	6,503
1986	3.5	12.4	5,255	6,630
1987	3.6	12.5	5,447	6,872
1988	3.5	12.0	5,674	7,158
1989	3.4	11.4	5,947	7,501
1990	3.7	12.2	6,268	7,905
1991	3.8	12.4	6,532	8,241
1992	3.9	12.9	6,729	8,487
1993	3.8	12.2	6,930	8,740
1994	3.7	11.7	7,108	8,967
1995	3.3	10.5	7,309	9,219

NOTES: The poverty status for persons living in a household is determined separately for persons in the family of the primary householder and for unrelated individuals who may reside in the household. Data in this series differ from other poverty level series where the poverty status of all residents in a household, related and unrelated, is defined by the poverty status of the householder.

SOURCE: U.S. Department of Commerce, Bureau of the Census

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# Percent of Population Living Below Poverty Level Selected Years



SOURCE: U.S. Department of Commerce, Bureau of the Census

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## Poverty Status of Persons by Age Calendar Years 1980 - 1995

Year	Under 18 years						Over 18 years					
	All Persons			Related Children in Families			18 to 64 years			65 years and over		
	Below Poverty			Below Poverty			Below Poverty			Below Poverty		
	Total	Number	Percent	Total	Number	Percent	Total	Number	Percent	Total	Number	Percent
1980	62,914	11,543	18.3	62,168	11,114	17.9	137,428	13,858	10.1	24,686	3,871	15.7
1981	62,449	12,505	20.0	61,756	12,068	19.5	139,477	15,464	11.1	25,231	3,853	15.3
1982	62,345	13,647	21.9	61,565	13,139	21.3	141,328	17,000	12.0	25,738	3,751	14.6
1983	62,334	13,911	22.3	61,578	13,427	21.8	143,052	17,767	12.4	26,313	3,625	13.8
1984	62,447	13,420	21.5	61,681	12,929	21.0	144,551	16,952	11.7	26,818	3,330	12.4
1985	62,876	13,010	20.7	62,019	12,483	20.1	146,396	16,598	11.3	27,322	3,456	12.6
1986	62,948	12,876	20.5	62,009	12,257	19.8	147,631	16,017	10.8	27,975	3,477	12.4
1987	63,294	12,843	20.3	62,423	12,275	19.7	149,201	15,815	10.6	28,487	3,563	12.5
1988	63,747	12,455	19.5	62,906	11,935	19.0	150,761	15,809	10.5	29,022	3,481	12.0
1989	64,144	12,590	19.6	63,225	12,001	19.0	152,282	15,575	10.2	29,566	3,363	11.4
1990	65,049	13,431	20.6	63,908	12,715	19.9	153,502	16,496	10.7	30,093	3,658	12.2
1991	65,918	14,341	21.8	64,800	13,658	21.1	154,671	17,585	11.4	30,590	3,781	12.4
1992	68,440	15,294	22.3	67,256	14,521	21.6	157,680	18,793	11.9	30,430	3,928	12.9
1993	69,292	15,727	22.7	68,040	14,961	22.0	159,208	19,781	12.4	30,779	3,755	12.2
1994	70,020	15,289	21.8	68,819	14,610	21.2	160,329	19,107	11.9	31,267	3,663	11.7
1995	70,566	14,665	20.8	69,425	13,999	20.2	161,508	18,442	11.4	31,658	3,318	10.5

NOTES: Data are in thousands. Data for "Persons" are as of March of the following year. The poverty status for persons living in a household is determined separately for persons in the family of the primary householder and for unrelated individuals who may reside in the household.

**SOURCE:** U.S. Department of Commerce, Bureau of the Census

March 1997



# Households with Noncash Benefits by Age Calendar Year 1995

	All Households	Under 65 Years	65 Years and over	Mean Age
<b>Total Households</b>	99,627	78,141	21,486	48.4
Households with One or More Members Receiving Means-Tested Noncash Benefits	21,148	17,380	3,768	45.4
<i>Percent of Households with Means-Tested Noncash Benefits</i>				
Food Stamps	8.4	9.3	5.3	42.7
Free or Reduced Price School Lunches	8.6	10.7	1.0	38.6
Public or Subsidized Renter of Occupied Housing	4.9	4.6	5.9	47.7
Medicaid	14.2	14.8	12.0	45.4
<b>Total Households in Poverty</b>	12,926	10,157	2,769	46.3
Households with One or More Members Receiving Means-Tested Noncash Benefits	8,298	7,019	1,280	43.6
<i>Percent of Households with Means-Tested Noncash Benefits</i>				
Food Stamps	41.8	46.6	24.1	41.7
Free or Reduced Price School Lunches	29.0	36.2	2.7	37.2
Public or Subsidized Renter of Occupied Housing	19.7	20.6	16.2	44.1
Medicaid	48.8	53.0	33.5	42.8

NOTES: Data for total households are shown in thousands. Noncash benefits are benefits received in a form other than money which enhances the economic well-being of the recipient.

SOURCE: U.S. Department of Commerce, Bureau of the Census

March 1997



**Comparison of Income Summary Measures between  
1995 and 1994 by Selected Characteristics**

	1995		1994 Median Income	Percent Change in Real Income
	Number in thousands	Median Income		
<b>Households</b>				
All Households	99,627	\$34,076	\$33,178	*2.7
<i>Region</i>				
Northeast	19,695	36,111	35,916	0.5
Midwest	23,707	35,839	33,426	*7.2
South	35,143	30,942	30,872	0.2
West	21,082	35,979	35,428	1.6
<i>Age of Householder</i>				
15 to 24 years	5,282	20,979	19,888	* 5.5
25 to 34 years	19,225	34,701	34,090	1.8
35 to 44 years	23,226	43,465	42,848	1.4
45 to 54 years	18,008	48,058	48,600	-1.1
55 to 64 years	12,401	38,077	36,230	* 5.1
65 years and over	21,486	19,096	18,608	* 2.6
<b>Families</b>				
All Families	69,597	40,611	38,782	*1.8
<i>Race and Hispanic Origin of Householder</i>				
White	58,872	42,646	40,884	*1.4
Black	8,055	25,970	24,698	2.3
Hispanic <sup>1</sup>	6,287	24,570	24,318	-1.7
<i>Type of Family</i>				
<i>All Races</i>				
Married-Couple Families	53,570	47,062	44,959	*1.8
Female Householder, No Husband Present	12,514	19,691	18,236	* 5.0
<i>White</i>				
Married-Couple Families	47,877	47,539	45,474	*1.7
Female Householder, No Husband Present	8,284	22,068	20,795	3.2
<i>Black</i>				
Married-Couple Families	3,713	41,307	40,432	-0.7
Female Householder, No Husband Present	3,769	15,004	13,943	4.6
<i>Hispanic Origin<sup>1</sup></i>				
Married-Couple Families	4,247	29,861	29,621	-2.0
Female Householder, No Husband Present	1,604	13,474	12,117	* 8.1
<b>Per Capita Income</b>				
All Races	264,314	17,227	17,024	1.2
White	218,442	18,304	18,110	1.1
Black	33,889	10,982	10,952	0.3
Asian & Pacific Islander	9,653	16,567	17,381	-4.7
Hispanic origin <sup>1</sup>	28,438	9,300	9,702	-4.1

<sup>1</sup> Persons of Hispanic origin may be of any race.

NOTES: Data for households, families, and persons are as of March 1996. An asterisk indicates a statistically significant change at the 90-percent confidence level. The 1994 median income is in 1995 dollars. Totals do not necessarily equal the sum of rounded components.

SOURCE: U.S. Department of Commerce, Bureau of the Census

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### Median Income of Aged by Type of Household 1995

Type of Household and Median Income	Total	65 to 69 years	70 to 74 years	75 years and over
All Households	21,486	6,254	5,654	9,578
Median Income	\$19,096	\$25,266	\$21,210	\$15,342
Family Households	11,306	4,019	3,321	3,966
Median Income	\$28,378	\$31,857	\$29,272	\$24,660
Married-couple	9,280	3,423	2,753	3,104
Median Income	\$28,862	\$33,180	\$29,672	\$24,381
Male Householder <sup>1</sup>	394	116	133	145
Median Income	\$32,056	\$31,707	\$30,843	\$33,992
Female Householder <sup>1</sup>	1,631	480	434	717
Median Income	\$24,585	\$23,418	\$25,751	\$24,897

<sup>1</sup> With no spouse present in the household.

NOTES: Data for number of households are in thousands. Data are as of March 1996. Totals do not necessarily equal the sum of rounded components.

SOURCE: U.S. Department of Commerce, Bureau of the Census

### Median Income of Aged Householders by Race and Hispanic Origin 1995

Race and Hispanic Origin	Total	65 to 69 years	70 to 74 years	75 years and over
All Races <sup>1</sup>	21,486	6,254	5,654	9,578
Median Income	\$19,096	\$25,266	\$21,210	\$15,342
White	19,326	5,535	5,048	8,743
Median Income	\$19,590	\$26,141	\$21,634	\$15,807
Black	1,777	593	471	713
Median Income	\$13,246	\$16,525	\$14,870	\$9,866
Hispanic Origin <sup>2</sup>	898	345	264	289
Median Income	\$13,513	\$16,227	\$11,514	\$12,277

<sup>1</sup> The total for "All Races" includes data for "Other Races" not displayed separately.

<sup>2</sup> Persons of "Hispanic" origin may be of any race and are also included in "All Races" and "Black" or "White" categories.

NOTES: Data for number of households are in thousands. Data are as of March 1996.

SOURCE: U.S. Department of Commerce, Bureau of the Census

March 1997

**All Aged Households  
by Total Money Income and Age Group  
Calendar Year 1995**

Income	65 years and over	65 to 69 years	70 to 74 years	75 years and over
Number in thousands				
Aged Households	21,486	6,254	5,654	9,578
Less than \$5,000	770	159	155	456
\$5,000 - \$9,999	3,864	821	847	2,196
\$10,000 - \$14,999	3,679	743	905	2,032
\$15,000 - \$19,999	2,916	795	753	1,369
\$20,000 - \$24,999	2,072	575	619	878
\$25,000 - \$29,999	1,756	603	492	660
\$30,000 - \$34,999	1,303	471	370	462
\$35,000 - \$39,999	983	342	288	352
\$40,000 - \$44,999	796	309	233	254
\$45,000 - \$49,999	547	234	166	148
\$50,000 - \$54,999	486	173	173	140
\$55,000 - \$59,999	379	171	91	117
\$60,000 - \$64,999	280	97	94	89
\$65,000 - \$69,999	276	111	103	62
\$70,000 - \$74,999	156	69	42	46
\$75,000 - \$79,999	141	53	45	42
\$80,000 - \$84,999	123	54	19	49
\$85,000 - \$89,999	110	49	28	34
\$90,000 - \$94,999	96	41	33	22
\$95,000 - \$99,999	85	46	16	22
\$100,000 and over	666	335	183	148

NOTES: Data are as of March 1996. Totals do not necessarily equal the sum of rounded components.

SOURCE: U.S. Department of Commerce, Bureau of the Census

March 1997

**Number of Aged Family Households  
by Total Money Income and Type of Household  
Calendar Year 1995**

Income	Type of Household		
	Married Couple	Male Householder <sup>1</sup>	Female Householder <sup>1</sup>
Number in thousands			
Aged Households	9,280	394	1,631
Less than \$5,000	106	3	29
\$5,000 - \$9,999	294	32	181
\$10,000 - \$14,999	964	39	232
\$15,000 - \$19,999	1,255	51	205
\$20,000 - \$24,999	1,173	27	187
\$25,000 - \$29,999	1,093	24	173
\$30,000 - \$34,999	796	45	110
\$35,000 - \$39,999	633	27	108
\$40,000 - \$44,999	542	28	98
\$45,000 - \$49,999	366	17	67
\$50,000 - \$54,999	327	12	60
\$55,000 - \$59,999	263	20	42
\$60,000 - \$64,999	194	8	34
\$65,000 - \$69,999	195	10	23
\$70,000 - \$74,999	107	11	17
\$75,000 - \$79,999	104	8	10
\$80,000 - \$84,999	101	8	7
\$85,000 - \$89,999	92	2	9
\$90,000 - \$94,999	74	2	8
\$95,000 - \$99,999	60	9	7
\$100,000 and over	544	10	26

<sup>1</sup> With no spouse present in the household.

NOTES: Data are as of March 1996. Totals do not necessarily equal the sum of rounded components.

SOURCE: U.S. Department of Commerce, Bureau of the Census

March 1997



# Distribution of Health Insurance Coverage of Aged by Sex Calendar Year 1995

Sex, Age, and Type of Household	Total	Total Covered	Private Health Insurance	Government Health Insurance			Not Covered
				Medicare	Medicaid	CHAMPUS, VA, or Military Health Care	

## All Income Levels

### Number in thousands

#### Both Sexes

65 and over	31,658	31,358	21,754	30,521	2,820	1,152	300
65 to 74 years	18,270	18,110	13,017	17,415	1,511	848	160
75 years and over	13,388	13,248	8,738	13,107	1,309	304	140

#### Male

65 and over	13,260	13,156	9,544	12,676	898	756	104
65 to 74 years	8,213	8,161	6,042	7,741	522	554	52
75 years and over	5,047	4,995	3,501	4,934	376	201	52

#### Female

65 and over	18,398	18,202	12,211	17,846	1,922	396	196
65 to 74 years	10,057	9,949	6,974	9,673	989	294	108
75 years and over	8,341	8,253	5,236	8,172	933	102	88

### Percent Distribution

#### Both Sexes

65 and over	100.0	99.1	68.7	96.4	8.9	3.6	0.9
65 to 74 years	100.0	99.1	71.2	95.3	8.3	4.6	0.9
75 years and over	100.0	99.0	65.3	97.9	9.8	2.3	1.0

#### Male

65 and over	100.0	99.2	72.0	95.6	6.8	5.7	0.8
65 to 74 years	100.0	99.4	73.6	94.3	6.4	6.7	0.6
75 years and over	100.0	99.0	69.4	97.8	7.5	4.0	1.0

#### Female

65 and over	100.0	98.9	66.4	97.0	10.4	2.2	1.1
65 to 74 years	100.0	98.9	69.3	96.2	9.8	2.9	1.1
75 years and over	100.0	99.0	62.8	98.0	11.2	1.2	1.0

NOTES: Data are as of March 1996 and refer to persons 65 and over. "Total Covered" indicates some form of health insurance during all or part of the year. "Not Covered" means no health insurance at any time during the year. CHAMPUS is Civilian Health and Medical Program of the Uniformed Services. VA is Veterans Administration. Totals do not necessarily equal the sum of rounded components.

SOURCE: U.S. Department of Commerce, Bureau of the Census

March 1997



**Social Security Cash Benefits**  
**Average Retired Worker's Benefit (Individuals)**

Year	Average Monthly Benefit <sup>1</sup>	Statutory and Automatic Increase	
		Effective Date	Percent Increase
1970	\$118	1/70	15.0
1975	207	6/75 <sup>2</sup>	8.0
1976	225	6/76	6.4
1977	243	6/77	5.9
1978	263	6/78	6.5
1979	294	6/79	9.9
1980	341	6/80	14.3
1981	386	6/81	11.2
1982	419	6/82	7.4
1983	441	12/83	3.5
1984	461	12/84	3.5
1985	479	12/85	3.1
1986	488	12/86	1.3
1987	513	12/87	4.2
1988	537	12/88	4.0
1989	567	12/89	4.7
1990	603	12/90	5.4
1991	629	12/91	3.7
1992	653	12/92	3.0
1993	674	12/93	2.6
1994	697	12/94	2.8
1995	720	12/95	2.6
1996	745	12/96	2.9

<sup>1</sup> As of December of each year.

<sup>2</sup> Increases after 1974 are automatic.

SOURCE: SSA/OACT

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## VI. UTILIZATION

Information about the use of health care services.

Current and trend data measuring health care use including: (1) persons served; (2) units of service, e.g., discharges, days of care; and (3) dimension of the services rendered, e.g. length of stay, charges per day. Utilization data are distributed for program coverage categories and type of service.

### HIGHLIGHTS

- o *The number of aged Medicare enrollees who received a covered service increased from 528 per 1,000 in 1975 to 826 per 1,000 enrollees in 1995.*
- o *The number of disabled Medicare enrollees receiving services per 1,000 enrollees increased from 450 to 759 during the same period.*
- o *The total number of all outpatient visits in the United States and the adjusted expense per patient day has increased steadily since 1983.*
- o *The Medicare average length of stay for all short-stay and excluded units has been dropping for the past several years.*
- o *The Medicare aged persons served rate per 1,000 enrollees for Medicare skilled nursing facilities has more than quadrupled from 1982 to 1995. During the same period, the home health agencies Medicare aged persons served rate per 1,000 enrollees has doubled.*



# **Medicare Short-Stay Hospital Utilization Selected Fiscal Years**

	1985	1990	1994	1995	1996 <sup>1</sup>
Discharges					
Total in millions	10.5	10.5	11.5	11.7	11.7
Rate per 1,000 Enrollees <sup>2</sup>	347	313	317	317	312
Days of Care					
Total in millions	92	94	88	83	78
Rate per 1,000 Enrollees <sup>2</sup>	3,016	2,805	2,422	2,253	2,074
Average Length of Stay					
All short-stay	8.7	9.0	7.6	7.1	6.6
Excluded Units <sup>3</sup>	18.8	19.5	15.9	14.9	14.0
Total Charges per Day	\$597	\$1,060	\$1,689	\$1,844	\$2,002

<sup>1</sup> Data as of 12/96 for fiscal year 1996 should be treated as preliminary.

<sup>2</sup> The population base is HI enrollment excluding HI enrollees residing in Foreign countries.

<sup>3</sup> Includes alcohol/drug, psychiatric, and rehabilitation units.

NOTES: Data may reflect under reporting due to a variety of reasons including: operational difficulties experienced by intermediaries; no-pay, at-risk managed care utilization; and no-pay Medicare secondary payer bills. Average length of stay is shown in days. For all short-stay and excluded units, the 1985 data are based on a 20 percent sample of Medicare HI enrollees using the MEDPAR file. The data for 1990 through 1996 are based on 100 percent MEDPAR. Data may differ from other sources or from the same source with different update cycle.

SOURCE: HCFA/BDMS

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# **Medicare Short-Stay Hospital Days per Person by Days of Care Calendar Year 1995**

Total Days of Care	Person Using Number of Days	Percent Distribution	Cumulative Percent Distribution	Total Days Used	Percent Distribution	Days Per Person
TOTAL	7,188,370	100.0	100.0	81,281,560	100.0	12.1
1 day	482,085	6.7	6.7	482,085	0.6	0.6
2 days	638,785	8.9	15.6	1,277,570	1.6	2.2
3 days	706,910	9.8	25.4	2,120,730	2.6	4.8
4 days	647,720	9.0	34.4	2,590,880	3.2	8.0
5 days	559,860	7.8	42.2	2,799,300	3.4	11.4
6 days	485,115	6.7	48.9	2,910,690	3.6	15.0
7 days	423,680	5.9	54.8	2,965,760	3.6	18.6
8 days	350,405	4.9	59.7	2,803,240	3.4	22.0
9 days	286,110	4.0	63.7	2,574,990	3.2	25.2
10 days	245,355	3.4	67.1	2,453,550	3.0	28.2
11 days	212,960	3.0	70.1	2,342,560	2.9	31.1
12 days	184,950	2.6	72.7	2,219,400	2.7	33.8
13 days	165,250	2.3	75.0	2,148,250	2.6	36.4
14 days	150,890	2.1	77.1	2,112,460	2.6	39.0
15 days	134,125	1.9	79.0	2,011,875	2.5	41.5
16 days	117,080	1.6	80.6	1,873,280	2.3	43.8
17 days	105,185	1.5	82.1	1,788,145	2.2	46.0
18 days	94,340	1.3	83.4	1,698,120	2.1	48.1
19 days	85,100	1.2	84.6	1,616,900	2.0	50.1
20 days	78,965	1.1	85.7	1,579,300	1.9	52.0
21-30 days	507,395	7.1	92.8	12,583,500	15.5	67.5
31-40 days	231,530	3.2	96.0	8,087,105	9.9	77.4
41-50 days	121,595	1.7	97.7	5,472,150	6.7	84.1
51-60 days	66,640	0.9	98.6	3,669,530	4.5	88.6
61-90 days	76,435	1.1	99.7	5,500,870	6.8	95.4
91 days or more	29,905	0.4	100.1	3,599,320	4.4	99.8

NOTE: These data reflect total individual hospital days during the calendar year. A beneficiary may have multiple hospital stays and days from all stays are combined. Calendar year data are derived from 1995 MEDPAR stay file. This file includes stays recorded in HCFA central office through September 1996. Totals do not necessarily equal the sum of rounded components. Data may differ from other sources or from the same source with different update cycle.

SOURCES: HCFA/ORD/BDMS

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# **Medicare Short-Stay Hospital Discharges by Length of Stay Calendar Year 1995**

Total Length of Stay	Discharges (aged and disabled)			Total Days of Care		
	Number	Percent Distribution	Cumulative Percent Distribution	Number	Percent Distribution	Cumulative Percent Distribution
<b>TOTAL</b>	<b>11,680,885</b>	<b>100.0</b>	<b>--</b>	<b>81,281,560</b>	<b>100.0</b>	<b>7.0</b>
1 day	1,069,520	9.2	8.4	1,069,520	1.3	1.3
2 days	1,370,515	11.7	20.1	2,741,030	3.4	4.7
3 days	1,517,795	13.0	33.1	4,553,385	5.6	10.3
4 days	1,387,940	11.9	45.0	5,551,760	6.8	17.1
5 days	1,159,055	9.9	54.9	5,795,275	7.1	24.2
6 days	955,960	8.2	63.1	5,735,760	7.1	31.3
7 days	814,770	7.0	70.1	5,703,390	7.0	38.3
8 days	621,700	5.3	75.4	4,973,600	6.1	44.4
9 days	463,715	4.0	79.4	4,173,435	5.1	49.5
10 days	364,185	3.1	82.5	3,641,850	4.5	54.0
11 days	290,065	2.5	85.0	3,190,715	3.9	57.9
12 days	228,410	2.0	87.0	2,740,920	3.4	61.3
13 days	194,340	1.7	88.7	2,526,420	3.1	64.4
14 days	177,950	1.5	90.2	2,491,300	3.1	67.5
15 days	140,840	1.2	91.4	2,112,600	2.6	70.1
16 days	111,800	1.0	92.4	1,788,800	2.2	72.3
17 days	91,655	0.8	93.2	1,558,135	1.9	74.2
18 days	80,240	0.7	93.9	1,444,320	1.8	76.0
19 days	66,220	0.6	94.5	1,258,180	1.5	77.5
20 days	60,060	0.5	95.0	1,201,200	1.5	79.0
21-30 days	321,125	2.7	97.7	7,851,360	9.7	88.7
31-40 days	100,265	0.9	98.6	3,481,165	4.3	93.0
41-50 days	42,810	0.4	99.0	1,919,115	2.4	95.4
51-60 days	19,830	0.2	99.2	1,090,320	1.3	96.7
61-90 days	20,740	0.2	99.4	1,485,520	1.8	98.5
91 days or more	9,380	0.1	99.5	1,202,485	1.5	100.0

NOTES: These data reflect individual stays. A beneficiary may use more than one stay and each is counted separately. Calendar year data are derived from the 1995 MEDPAR stay file. This file includes stays recorded in HCFA central office through September 1996. Totals do not necessarily equal the sum of rounded components. Data may differ from other sources or from the same source with different update cycle.

SOURCES: HCFA/ORD/BDMS

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# **Medicare Short-Stay Hospital DRGs Ranked by Discharges** **Fiscal Year 1995**

Rank	DRG No.	DRG Relative Weight	Discharges <sup>1</sup>		Average Length of Stay	Average Charge Per Discharge	Total Payments		Total Medicare Payments (in thousands)	Beneficiary Payments <sup>3</sup> (in thousands)	Average Payments <sup>4</sup>	
			Number	Percent			(in thousands)	\$			Total	Beneficiary
			11,680,874	100.0	7.1	\$13,105	\$ 80,778,768	\$ 74,340,795	\$6,437,974	\$ 6,915	\$6,364	\$551
1	127	1.0239	706,045	6.0	6.2	9,089	3,356,353	3,009,522	346,831	4,754	4,263	491
2	089	1.1317	448,587	3.8	7.1	9,595	2,284,686	2,034,463	250,223	5,093	4,535	558
3	014	1.1956	371,815	3.2	7.5	10,764	2,075,559	1,859,475	216,084	5,602	5,027	581
4	088	1.0053	368,439	3.2	6.1	8,459	1,656,400	1,460,103	196,297	4,496	3,963	533
5	209	2.3173	344,458	2.9	6.7	19,756	3,523,830	3,309,926	213,904	10,230	9,609	621
6	430	0.8980	274,966	2.4	13.5	11,578	1,729,271	1,553,608	175,662	6,289	5,650	639
7	182	0.7685	246,431	2.1	4.9	6,685	863,875	733,824	130,051	3,506	2,978	528
8	174	0.9726	246,339	2.1	5.5	8,780	1,108,343	974,993	133,350	4,499	3,958	541
9	296	0.9179	231,548	2.0	6.4	8,008	1,018,771	905,877	112,894	4,400	3,912	488
10	079	1.6955	221,867	1.9	9.3	14,155	1,716,714	1,599,614	117,101	7,738	7,210	528
11	138	0.7964	211,494	1.8	4.5	7,009	775,051	663,912	111,139	3,665	3,139	525
12	416	1.4927	202,024	1.7	8.2	13,196	1,411,271	1,303,966	107,305	6,986	6,455	531
13	112	1.9881	201,066	1.7	4.7	19,497	1,898,979	1,801,991	96,988	9,445	8,962	482
14	462	1.6623	197,730	1.7	16.0	16,951	1,996,747	1,930,585	66,162	10,098	9,764	335
15	140	0.6258	184,772	1.6	3.5	5,321	497,762	401,686	96,076	2,694	2,174	520
16	320	0.9451	181,641	1.6	6.4	8,034	813,125	715,717	97,408	4,477	3,940	536
17	121	1.6022	167,202	1.4	7.4	14,045	1,107,800	1,020,787	87,013	6,626	6,105	520
18	148	3.2220	150,746	1.3	13.4	29,828	2,345,516	2,251,880	93,636	15,559	14,938	621
19	015	0.6909	145,915	1.2	4.5	6,359	470,386	384,332	86,054	3,224	2,634	590
20	124	1.2657	145,560	1.2	4.9	12,003	843,268	770,641	72,627	5,793	5,294	499
21	210	1.8427	141,117	1.2	8.5	16,224	1,186,857	1,103,076	83,780	8,410	7,817	594
22	143	0.5169	139,055	1.2	2.6	4,660	338,040	257,713	80,327	2,431	1,853	578
23	132	0.7296	133,834	1.1	3.6	5,876	424,923	358,769	66,155	3,175	2,681	494
24	478	2.2227	125,254	1.1	8.3	21,444	1,383,726	1,319,033	64,693	11,047	10,531	516
25	106	5.6683	101,057	0.9	11.7	51,190	2,679,381	2,626,878	52,503	26,514	25,994	520

<sup>1</sup> Based on the stay records for 100% of Medicare aged and disabled beneficiaries as recorded in the MEDPAR file.

<sup>2</sup> Total payments represent total hospital revenue for Medicare enrollee utilization, including Medicare payments and beneficiary obligations. Excluded bills for no-pay, at-risk managed care utilization and no-pay Medicare secondary payer bills.

<sup>3</sup> Beneficiary payments are the responsibility of the beneficiary or other third party payer.

<sup>4</sup> Average payments are calculated using actual dollar amount, not rounded data as shown.

SOURCE: HCFA/BDMS

March 1997

# **Medicare Ranking for all Short-Stay Hospitals** **Fiscal Year 1995 versus 1994**

FY Rank 1995	FY Rank 1994	DRG Number	Descriptions
1	1	127	Heart Failure and Shock
2	2	089	Simple Pneumonia and Pleurisy, Age over 17 with Complicating Conditions
3	4	014	Specific Cerebrovascular Disorders Except Transient Ischemic Attack
4	3	088	Chronic Obstructive Pulmonary Disease
5	5	209	Major Joint and Limb Reattachment Procedures
6	7	430	Psychoses
7	8	182	Esophagitis, Gastroenteritis and Miscellaneous Digestive Disorders, Age over 17 with Complicating Conditions
8	9	174	Gastrointestinal Hemorrhage with Complicating Conditions
9	10	296	Nutritional and Miscellaneous Metabolic Disorders, Age over 17 with Complicating Conditions
10	12	079	Respiratory Infections and Inflammations, Age over 17 with Complicating Conditions
11	11	138	Cardiac Arrhythmia and Conduction Disorders, with Complicating Conditions
12	14	416	Septicemia, Age over 17
13	13	112	Vascular Procedures except Major Reconstruction, without Pump
14	15	462	Rehabilitation
15	6	140	Angina Pectoris
16	16	320	Kidney and Urinary Tract Infections, Age over 17 with Complicating Conditions
17	17	121	Circulatory Disorders with Acute Myocardial Infarction, with Cardiovascular Complications, Discharged Alive
18	18	148	Major Small and Large Bowel Procedures with Complicating Conditions
19	19	015	Transient Ischemic Attack and Precerebral Occlusions
20	20	124	Circulatory Disorders excluding Acute Myocardial Infarction, with Cardiovascular Catheter with Complex Diagnosis
21	21	210	Hip and Femur Procedures except Major Joint, Age over 17 with Complicating Conditions
22	20	143	Chest Pain
23	52	132	Atherosclerosis with Complicating Conditions
24	23	478	Other Vascular Procedures with Complicating Conditions
25	27	106	Coronary Bypass with Cardiac Catheter

SOURCE: HCFA/BDMs

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# **Medicare Leading Part B Procedure Codes Based on Allowed Charges Calendar Year 1995**

Procedure Code	Description	Allowed Charges	Percent of Allowed Charges <sup>1</sup>
<b>All Procedure Codes<sup>2</sup></b>			
<b>Leading Procedure Codes<sup>3</sup></b>			
99213	Office/outpatient evaluation and management, established patient, level 3	\$ 55,208,661,022	100.0
66984	Extracapsular cataract removal with insertion of IOL	\$ 27,513,405,501	49.8
99214	Office/outpatient evaluation and management, established patient, level 4	\$2,855,650,537	5.2
99232	Subsequent hospital care, per day, evaluation and management, level 2	2,095,829,320	3.8
99231	Subsequent hospital care, per day, evaluation and management, level 1	1,678,115,041	3.0
99233	Subsequent hospital care, per day, evaluation and management, level 2	1,656,259,496	3.0
99212	Office/outpatient evaluation and management, established patient, level 2	876,371,484	1.6
99223	Initial hospital care for evaluation and management, level 3	821,851,556	1.5
99215	Office/outpatient evaluation and management, established patient, level 5	734,910,364	1.3
88305	Level II - Surgical pathology, gross and microscopic examination	595,903,263	1.1
90844	Individual medical psychotherapy by a physician, (45-50 minutes)	577,414,989	1.0
99254	Initial inpatient consultation for a new or established patient, level 4	497,311,456	0.9
J9217	Leuprolide acetate, for depot suspension, 7.5MG	485,828,444	0.9
93307	Echocardiography, real-time with image documentation (2D), complete	470,406,387	0.9
99285	Emergency department evaluation and management, level 5	455,238,461	0.8
92014	Ophthalmological medical exam and evaluation, comprehensive	445,118,020	0.8
99238	Hospital discharge day management	413,161,482	0.7
99255	Initial inpatient consultations	365,733,549	0.7
E1400	Oxygen concentrator, specified maximum flow rate <2 liters per minute	360,478,040	0.7
99284	Emergency department evaluation and management, level 4	360,082,631	0.7
E1403	Oxygen concentrator specified maximum flow rate > than 4 liters per minute	356,923,085	0.6
71020	Radiologic examination, chest, two views, frontal and lateral	345,813,648	0.6
99244	Office consultation for a new or established patient, level 4	340,062,993	0.6
		335,119,555	0.6
		332,365,813	0.6

**Medicare Leading Part B Procedure Codes Based on Allowed Charges**  
**Calendar Year 1995**  
**Continued**

Procedure Code	Description	Allowed Charges	Percent of Allowed Charges
27447	Arthroplasty, knee, condyle and plateau	330,610,672	0.6
66821	Dissection of secondary membranous cataract, laser surgery	317,281,086	0.6
99222	Initial hospital care, for evaluation and management, level 2	312,799,186	0.6
99312	Subsequent nursing facility care, per day, for evaluation, level 3	305,506,563	0.6
99291	Critical care, including the diagnostic and therapeutic services	301,320,649	0.5
E1401	Oxygen concentrator, specified maximum flow rate > than 2 liters per minute	297,243,162	0.5
33533	Coronary artery bypass, using arterial graft(s); single arterial graft	295,896,796	0.5
A2000	Manipulation of spine by chiropractor	284,259,155	0.5
93000	Electrocardiogram, complete, with at least 12 leads, interpretation & report	283,848,733	0.5
A0360	Ambulance service, basic life support (BLS), non-emergency transport	269,259,001	0.5
90921	ESRD related services, > 20 years age, full month services	265,386,843	0.5
92012	Ophthalmological medical examination/evaluation, established patient	257,419,603	0.5
A0330	Ambulance service, advanced life support (ALS), emergency transport	252,355,248	0.5
80019	Automated multichannel test	245,231,748	0.4
99311	Subsequent nursing facility care, per day, for evaluation, level 1	240,829,491	0.4
99283	Emergency department evaluation and management, level 3	236,889,382	0.4
B4035	Enteral feeding supply kit; pump fed, per day	236,641,625	0.4
93010	Electrocardiogram, interpretation and report only	231,868,421	0.4
78465	Heart image (3D) multiple	220,595,034	0.4
99245	Office consultation for a new or established patient, level 5	219,930,045	0.4
A0320	Ambulance service, BLS, non-emergency transport, supplies included	219,253,349	0.4
99203	Office/outpatient visit, new, evaluation and management, low complexity	219,163,574	0.4
E0439	Stationary liquid oxygen system, rental, 10-lbs	216,737,967	0.4
B4150	Enteral formulae category 1; semi-synthetic intact protein/protein isolates	214,449,459	0.4
99204	Office/outpatient visit, new, evaluation and management, moderate complexity	214,142,880	0.4



# **Medicare Leading Part B Procedure Codes Based on Allowed Charges Calendar Year 1995 Continued**

Procedure Code	Description	Allowed Charges	Percent of Allowed Charges
77430	Weekly radiation therapy management	210,431,379	0.4
45378	Colonoscopy, fiberoptic, beyond splenic flexure	209,103,383	0.4
E0260	Hospital bed, semi-electric with mattress	208,851,487	0.4
43239	Upper gastrointestinal endoscopy including esophagus with biopsy	207,733,403	0.4
90843	Psychotherapy 10-30 minutes	203,887,633	0.4
99253	Initial inpatient consultation, new, evaluation and management	203,814,053	0.4
A0370	Ambulance service, ALS, ER transport, mileage & disposable supplies separately billed	199,197,231	0.4
E0277	Alternating pressure mattress	194,839,254	0.4
99243	Office consultation, established patient, moderate severity, 40 minutes	193,504,785	0.4
93320	Doppler echocardiography, pulsed wave and/or continuous wave	191,695,906	0.4
93510	Left heart catheterization, retrograde, from brachial, axillary or femoral artery	182,113,342	0.4
45385	Colonoscopy with removal of tumor, polyp or lesion	181,338,461	0.4
71010	Radiologic examination, single view, frontal, chest	178,960,410	0.4
99205	Office/outpatient visit, new, moderate to high severity, 60 minutes	169,362,798	0.4
92982	Percutaneous transluminal coronary angioplasty	168,922,974	0.4
E1402	Oxygen concentrator, 3-4 liters per minute	166,934,311	0.4
J7620	Albuterol sulfate .083%, per ml, inhalation solution administered through DME	166,901,971	0.4
85025	Hemogram and platelet count, automated, and automated WBC count (CBC)	165,560,882	0.4
00142	Anesthesia for lens surgery	165,382,552	0.4

<sup>1</sup> Allowed charges are shown as a percent of all physician and supplier allowed charges submitted to Part B carriers.

<sup>2</sup> The total number of procedure codes is approximately 10,000.

<sup>3</sup> Allowed charges were aggregated by procedure code. The above listed 67 procedure codes account for approximately 50% of the allowed charges.

NOTE: The AMA owns the copyright on the CPT codes and the copyright remains unaltered by the HCFA publication of CPT codes in this document. CPT codes are not public property and must always be used in compliance with copyright law.

SOURCE: HCFA/BDMS

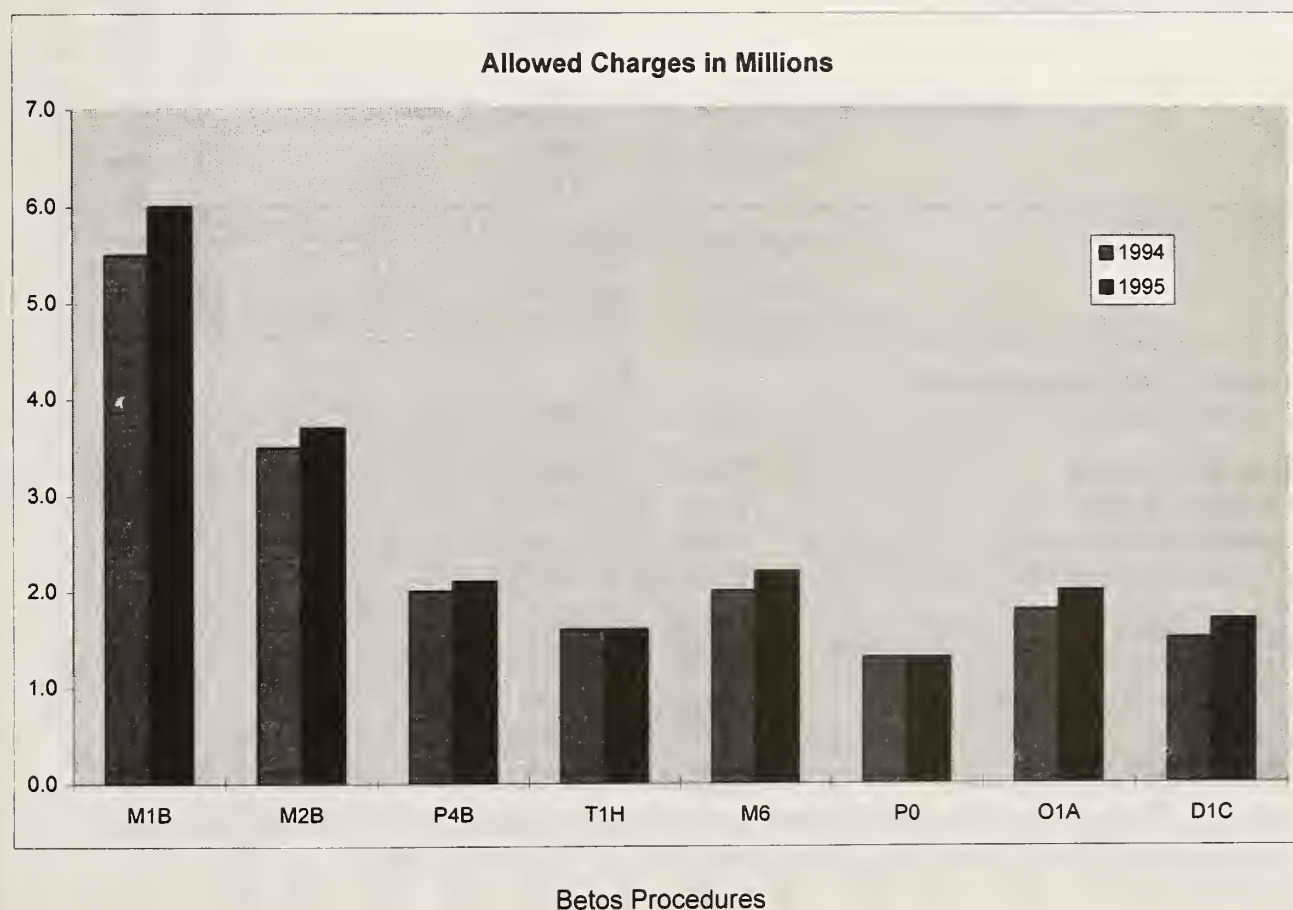
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**Leading Medicare Physician and Supplier BETOS  
Procedures, Based on Allowed Charges  
Calendar Years 1994 and 1995**

Betos Code	Description	Medicare Allowed Charges	
		1994	1995
M1B	Office Visits - Established	\$ 5,495,728,814	\$ 6,007,268,340
M2B	Hospital Visit - Subsequent	3,532,515,826	3,734,225,496
P4B	Eye Procedure - Cataract Removal/ Lens Insertion	1,962,085,214	2,128,776,275
T1H	Lab Tests - Other (Non-Medicare Fee Schedule)	1,614,800,183	1,593,513,366
M6	Consultations	1,962,099,584	2,191,640,444
P0	Anesthesia	1,302,286,729	1,344,224,655
O1A	Ambulance	1,783,904,609	1,960,700,764
D1C	Oxygen and Supplies	1,543,900,483	1,659,475,155

NOTE: BETOS is the Berenson/Eggers Type of Service classification system, a joint Urban Institute/Health Care Financing Administration effort.

SOURCE: HCFA/BDMS



SOURCE: HCFA/BDMS

March 1997

### Medicare Persons Served Selected Calendar Years

	1975	1980	1985	1993	1994	1995
<b>Aged Persons Served per 1,000 Enrollees</b>						
HI and/or SMI	528	638	722	825	830	826
HI	221	240	219	216	217	218
SMI	536	652	739	856	861	858
<b>Disabled Persons Served per 1,000 Enrollees</b>						
HI and/or SMI	450	594	669	751	756	759
HI	219	246	228	211	213	212
SMI	471	634	715	825	832	837

NOTES: Utilization rates are based on persons receiving fee-for-service care and total persons enrolled (including members of prepaid health plans). Data for calendar year 1995 are as of December 1996.

SOURCE: HCFA/BDMS

### Medicare Persons Served by Type of Service Calendar Year 1995

	Aged		Disabled	
	Persons Served in thousands	Served per 1,000 Enrollees	Persons Served in thousands	Served per 1,000 Enrollees
<b>Hospital and/or Supplementary Medical Insurance</b>	27,379	826	3,333	758
Hospital Insurance	7,147	218	933	212
Inpatient Hospital	6,148	188	84	192
Skilled Nursing Facility	1,186	36	54	12
Home Health Agency	3,185	97	272	62
<b>Supplementary</b>				
Medical Insurance	27,234	858	3,299	837
Physician/Other Supplier	26,621	839	3,184	808
Outpatient	17,597	554	2,281	579
Home Health Agency	42	1	( <sup>2</sup> )	--

<sup>1</sup> Medicare enrollees who received a covered service for which Medicare Trust Fund payments were made and for which bills were received and processed in HCFA Central Office.

<sup>2</sup> Less than 500.

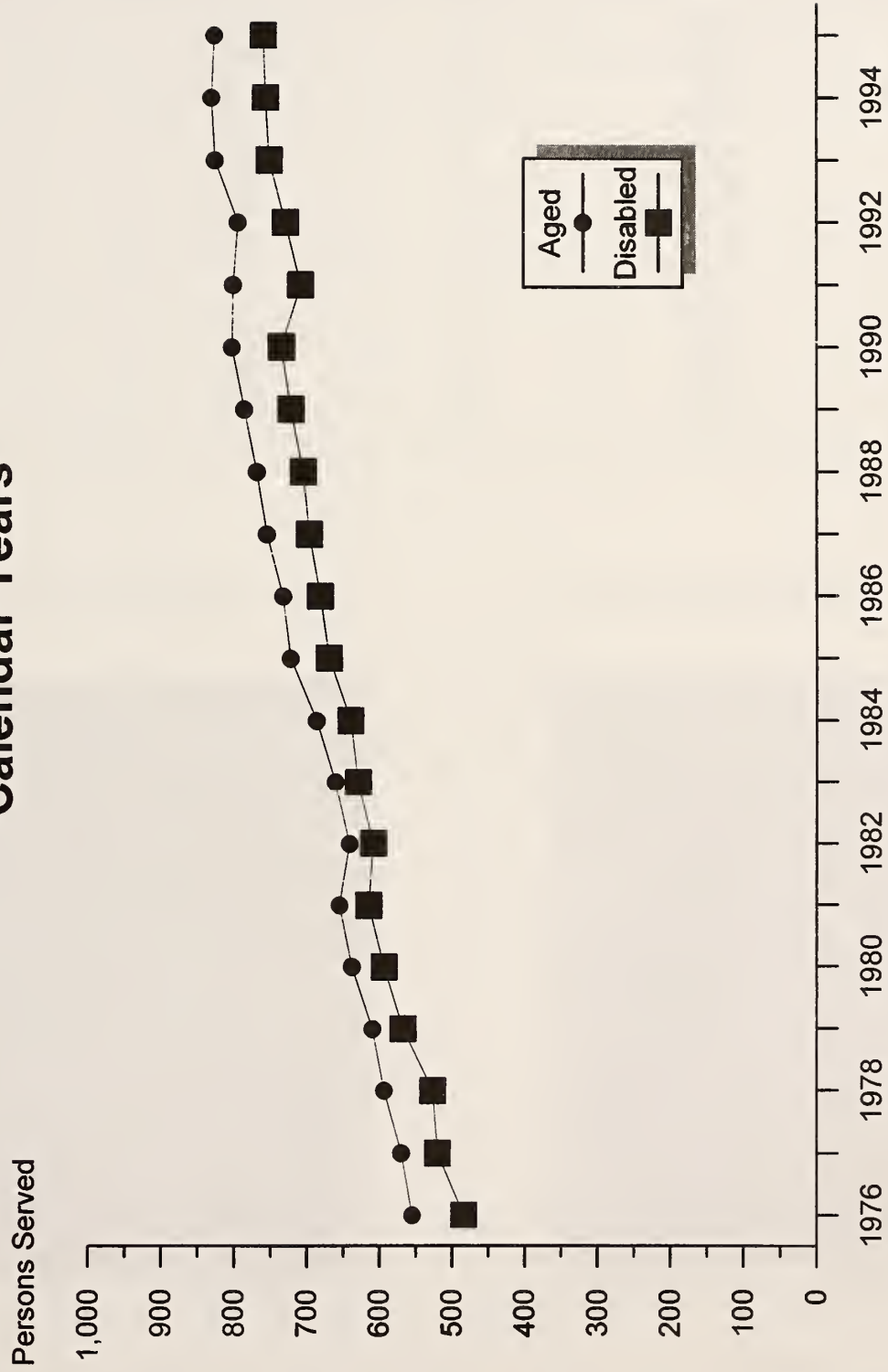
SOURCE: HCFA/BDMS

March 1997

# Medicare Persons Served per 1,000 Enrollees

## HI and/or SMI

### Calendar Years



SOURCE: HCFA/BDMS

March 1997



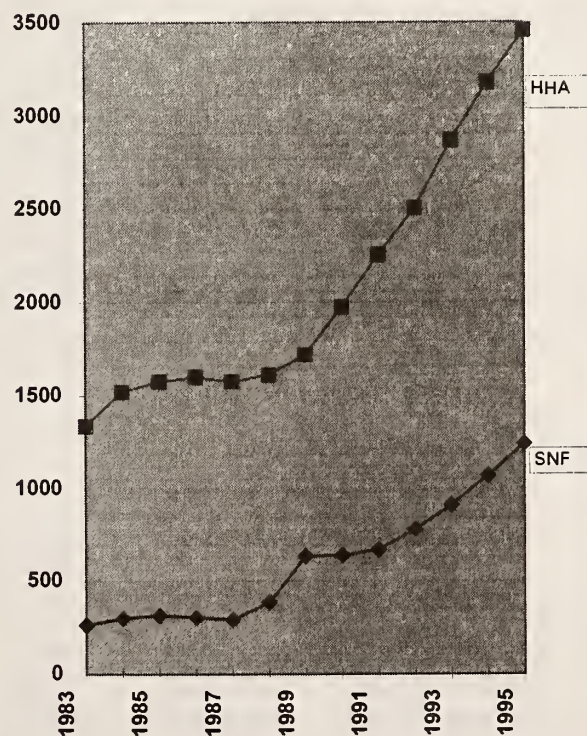




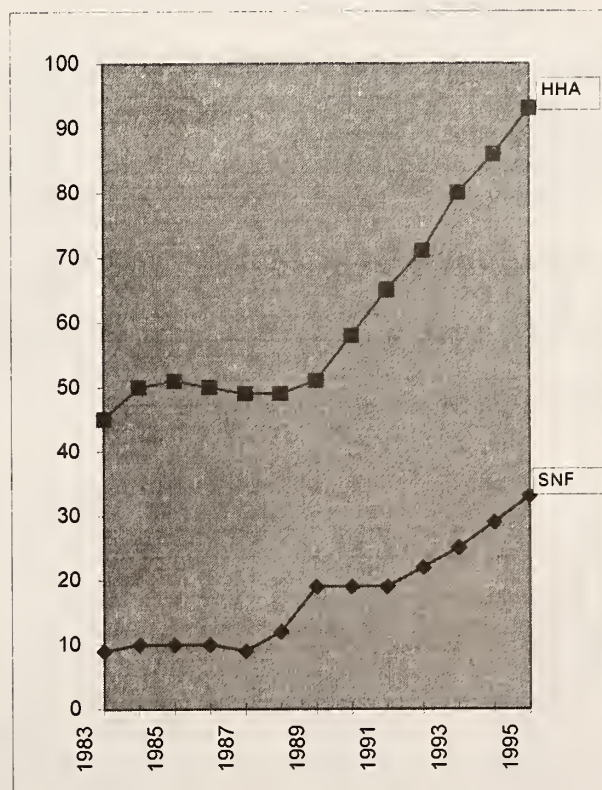
# Medicare Use of Selected Types of Long Term Care Calendar Years 1982 - 1995

Calendar Year	Skilled Nursing Facilities		Home Health Agencies	
	Persons Served in thousands	Rate Per 1,000 Enrollees	Persons Served in thousands	Rate Per 1,000 Enrollees
1982	252	9	1,172	40
1983	264	9	1,338	45
1984	299	10	1,522	50
1985	315	10	1,576	51
1986	304	10	1,601	50
1987	293	9	1,575	49
1988	384	12	1,613	49
1989	636	19	1,721	51
1990	638	19	1,978	58
1991	670	19	2,255	65
1992	779	22	2,504	71
1993	908	25	2,867	80
1994	1,068	29	3,176	86
1995	1,240	33	3,457	93

Persons Served in Thousands



Rates Per 1000 Enrollees



**End Stage Renal Disease Care Provided by  
Medicare Approved Facilities  
Selected Calendar Years**

	1990	1993	1994	1995
Dialysis Patients	129,800	171,479	186,822	200,162
Outpatient	107,160	140,680	153,674	166,571
Home	22,640	30,799	33,148	33,591
Dialysis Patient Eligibility Status				
Medicare	113,127	148,899	161,235	172,261
Medicare Application Pending	9,582	12,821	14,324	11,324
Non-Medicare	7,091	9,759	11,263	16,577
Transplant Patients	9,779	10,910	11,296	11,885
Transplant Patient Eligibility Status				
Medicare	8,340	9,107	9,358	9,588
Medicare Application Pending	633	729	888	984
Non-Medicare	806	1,074	1,050	1,313
Transplant Procedures	9,796	10,934	11,312	11,902
Living Related Donor	2,001	2,631	2,738	2,992
Living Unrelated Donor	90	197	262	424
Cadaveric Donor	7,705	8,106	8,312	8,486
Medicare Approved ESRD Facilities	2,072	2,506	2,640	2,863
Dialysis (Hospital and Non-Hospital)	1,799	2,211	2,358	2,684
Transplant and Dialysis	169	170	168	163
Transplant Only	53	64	68	73
Inpatient Care Only	51	61	46	43
Average Dialysis Payment Rate	\$127	\$127	\$127	\$127
Hospital Based	129	129	129	129
Independents	125	125	125	125

SOURCE: HCFA/BDMS

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### Home Health Agency - Medicare National Summary

Calendar Year	Total Claims	Total Reimbursement	Total Patients	Total Visits	Average Reimbursement Per Patient	Average Visits Per Patient
1993	12,893,099	\$9,704,871,607	2,879,842	164,264,308	\$3,370	57
1994	15,464,345	\$12,676,485,084	3,187,030	208,758,502	\$3,978	66
1995	17,846,501	\$15,421,144,186	3,474,958	249,583,552	\$4,438	72

NOTE: Data include Puerto Rico, Virgin Islands, and unknown.

### Hospice - Medicare National State Summary

Calendar Year	Total Reimbursement	Total Patients	Total Covered Days	Average Reimbursement Per Patient	Average Days Per Patient
1993	\$1,242,190,965	215,089	12,613,047	\$5,775	59
1994	\$1,613,569,872	265,990	15,998,145	\$6,069	60
1995	\$1,871,871,667	309,336	18,121,139	\$6,051	59

NOTE: Data include Puerto Rico.

### Skilled Nursing Facilities - Medicare National Summary

Calendar Year	Total Discharges	Total Reimbursement	Total Patients	Total Covered Days	Average Reimbursement Per Discharge	Average Days Per Discharge
1993	839,811	\$4,233,295,500	869,195	30,062,931	\$5,029	36
1994	1,036,125	\$5,841,811,094	1,028,433	36,131,351	\$5,638	35
1995	1,244,620	\$7,554,377,025	1,185,749	40,919,976	\$6,070	33

NOTE: Data include Puerto Rico, Virgin Islands, and Unknown. Data does not include swing bed units.

### Outpatient - Medicare National Summary

Calendar Year	Total Patients	Total Charges	Total Payments	Average Charge Per Patient	Average Payment Per Patient
1993	18,782,171	\$34,245,580,400	\$12,142,546,603	\$1,823	\$646
1994	19,501,582	\$39,250,174,247	\$13,484,199,551	\$2,013	\$691
1995	20,210,505	\$44,251,581,293	\$14,997,423,307	\$2,190	\$742

NOTE: Data include Puerto Rico, Virgin Islands, and Unknown.

SOURCE: HCFA/BDMS

March 1997



**Medicaid Recipients by Type of Service  
Fiscal Years 1993- 1995**

	1993	1994	1995
	Number in thousands		
Total	33,432	35,053	36,282
Inpatient Services			
General Hospitals	5,894	5,866	5,561
Mental Hospitals	75	85	84
Skilled Nursing Facilities <sup>1</sup>	1,610	1,639	1,667
ICF Services			
Mentally Retarded	149	159	151
Physician Services	23,746	24,267	23,789
Dental Services	6,174	6,352	6,383
Other Practitioner Services	5,229	5,409	5,528
Outpatient Hospital Services	16,436	16,567	16,712
Clinic Services	4,839	5,258	5,322
Laboratory & Radiological	12,970	13,412	13,064
Home Health Services	1,067	1,293	1,639
Prescribed Drugs	23,901	24,471	23,723
Family Planning Services	2,538	2,566	2,501
Early and Periodic Screening	5,945	6,456	6,612
Rural Health Clinics	975	945	1,242
Other Care	8,114	9,908	11,416

<sup>1</sup>Skilled nursing facility recipients include individuals other than the mentally retarded receiving "all other" intermediate care facility services.

SOURCE: HCFA/BDMS

**Medicaid Units of Service <sup>1</sup>  
Fiscal Years 1994 and 1995**

	1994	1995
	Units in thousands	
General Hospital		
Total Discharges	5,312	5,166
Recipients Discharged	3,890	3,743
Total Days of Care	28,941	25,711
Nursing Facility Services <sup>2</sup>		
Total Recipients	1,639	1,667
Total Days of Care	400,785	400,123
Intermediate Care Facility for the Mentally Retarded		
Total Recipients	159	151
Total Days of Care	54,105	56,878

<sup>1</sup> The data for units of services are not based on all jurisdictions.

<sup>2</sup> Nursing facilities include skilled nursing facility and intermediate care facility services for all providers for other than the mentally retarded.

Note: Data not available for home health visits, rural health clinic visits, physician visits, and drug prescriptions.

SOURCE: HCFA/BDMS

March 1997

# National Community Hospital Utilization 1973 - 1996

Year	Admissions in millions	Inpatient Days in millions	Average Stay in days	Outpatient Visits in millions	Adjusted Expenses per Patient Day
1973	31.7	248	7.8	173	\$102
1974	32.9	255	7.8	189	114
1975	33.4	258	7.7	191	134
1976	34.0	261	7.7	201	153
1977	34.3	261	7.6	199	174
1978	34.5	262	7.6	202	194
1979	35.1	265	7.6	199	217
1980	36.1	273	7.6	202	245
1981	36.4	278	7.6	203	284
1982	36.4	278	7.6	248	327
1983	36.2	273	7.6	210	369
1984	35.2	257	7.3	212	411
1985	33.4	237	7.1	219	460
1986	32.4	229	7.1	232	501
1987	31.6	227	7.2	246	539
1988	31.5	227	7.2	269	586
1989	31.1	225	7.2	286	637
1990	31.2	226	7.2	301	687
1991	31.1	223	7.2	322	752
1992	31.0	221	7.1	349	820
1993	30.7	216	7.0	367	881
1994 <sup>1</sup>	31.1	210	6.8	408	1,331
1995	30.9	204	6.5	446	1,398
1996 <sup>2</sup>	30.8	196	6.4	473	1,517

<sup>1</sup> Estimate is based on the 12 month period ending September, 1995.

<sup>2</sup> Estimate is based on the 12 month period ending September, 1996.

SOURCE: American Hospital Association

March 1997





## VII. PROVIDERS/SUPPLIERS

Information in this section concerns institutions, agencies or professionals who provide health care services and furnish health care equipment or supplies. Medicare and Medicaid providers are combined in this section since Medicare providers are deemed certified for the Medicaid program. Additional information on providers of services are contained in STATE DATA (Section VIII).

### HIGHLIGHTS

- o From 1975 to 1996, the number of inpatient hospital facilities decreased almost 7.4 percent from 6,773 to 6,273. Beds per 1,000 enrollees dropped from 51.7 in 1975 to 31.6 in 1996. During this same period, the number of psychiatric hospitals increased from 385 to 646, but their beds per 1,000 enrollees dropped from 9.0 to 2.5.*
- o Skilled nursing facilities more than doubled from 5,295 in 1975 to 14,177 in 1996. Home health agencies more than tripled from 2,242 in 1975 to 8,860 in 1996.*
- o The number of ambulatory surgical centers increased over sixfold from 336 in 1985 to 2,265 in 1996. During this same period the number of hospices increased from 164 to 2,161.*
- o As of March 1997, 158,380 facilities had registered under the Clinical Lab Improvement Act which became effective 10/1/92.*
- o End-Stage Renal Disease facilities more than doubled from 999 in 1980 to 3,069 in 1996.*
- o The percent of Medicare assigned claims (51.9 percent in 1975) continues to increase, from 94.2 percent in 1995 to 95.6 percent in 1996.*
- o As of January 1995, enrollment in the Medicare participating physician program was 72.3 percent. By January 1996, the enrollment was 77.5 percent.*
- o As of March 1985, Medicare had 154 HMO/CMP plans with 1.1 million enrollees. There are currently 343 Managed Care plans with 4.9 million enrollees.*



## Medicare Hospital Status 1997

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Total Hospitals	6,287
Hospitals under PPS	5,118
Hospitals Receiving Special Consideration:	822
Regional Referral Centers <sup>1</sup>	132
Sole Community Hospitals	690
Non-PPS Hospitals	1,169
Categorically Exempt:	1,105
Psychiatric	641
Rehabilitation	191
Christian Science	17
Childrens	70
Other Long Term	186
Short-Stay Hospitals in Waiver State (Maryland)	50
Short-Stay Hospitals in Outlying Areas	5
Cancer Hospitals	9
Total Excluded Units	2,347
Psychiatric	1,473
Rehabilitation	874

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<sup>1</sup> Certain centers no longer meet the necessary criteria established for RRCs.

NOTE: Data as of March.

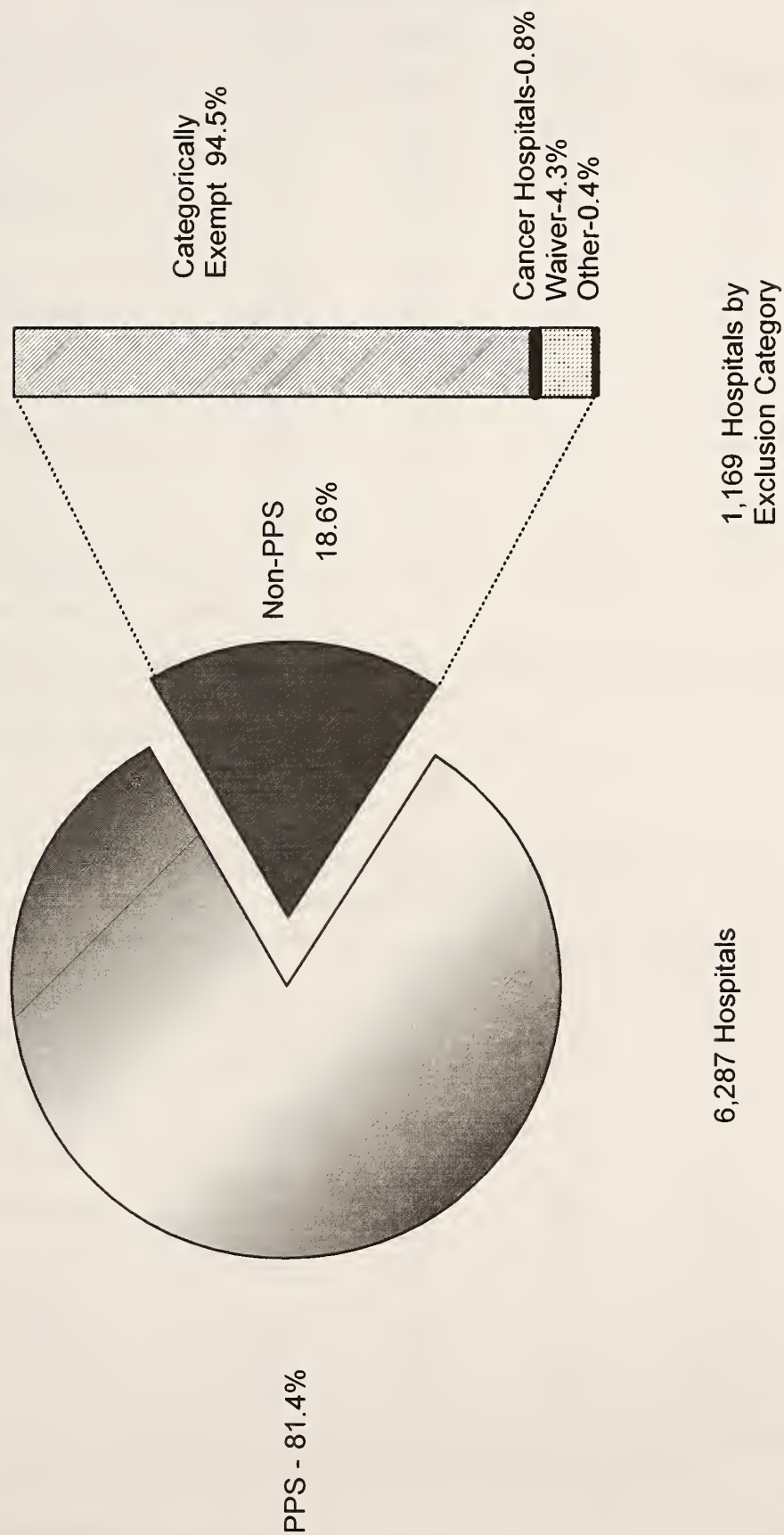
SOURCES: HCFA/BPD/HSQB/BDMS

March 1997





# Medicare Participating Hospitals by PPS Status and Exclusion Category 1997





### Medicare Inpatient Hospitals Selected Years

	1975	1980	1985	1990	1996
Total Hospitals	6,773	6,777	6,707	6,520	6,273
Beds in thousands	1,140	1,150	1,144	1,105	1,038
Beds per 1,000 Enrollees <sup>1</sup>	51.7	46.7	42.5	37.0	31.6
Short-Stay	6,107	6,104	6,034	5,549	5,185
Beds in thousands	902	991	1,027	970	912
Beds per 1,000 Enrollees <sup>1</sup>	40.9	40.2	38.2	32.5	27.8
Psychiatric	385	408	474	674	646
Beds in thousands	199	131	95	99	83
Beds per 1,000 Enrollees <sup>1</sup>	9.0	5.3	3.5	3.3	2.5
Other Long-Stay	281	265	199	297	442
Beds in thousands	40	28	22	35	44
Beds per 1,000 Enrollees <sup>1</sup>	1.8	1.1	0.8	1.2	1.3

<sup>1</sup> Based on number of aged HI enrollees.

NOTES: Facility data are as of July 1, except 1996 data which are as of December 1996. Facilities certified for Medicare are deemed to meet Medicaid standards.

SOURCES: HCFA/ORD/BDMS

### Other Medicare Providers and Suppliers Selected Years

	1975	1980	1985	1990	1996
Skilled Nursing Facilities	5,295	5,052	6,451	8,937	14,177
Beds in thousands	287	436	NA	509	672
Home Health Agencies	2,242	2,924	5,679	5,730	8,860
Clinical Lab Improvement Act Facilities	NA	NA	NA	NA	158,380
End Stage Renal Disease Facilities	NA	999	1,393	1,937	3,069
Outpatient Physical Therapy	117	419	854	1,195	2,432
Portable X-Ray	132	216	308	443	609
Rural Health Clinics	NA	391	428	551	2,217
Comprehensive Outpatient Rehabilitation Facilities	NA	NA	72	186	403
Ambulatory Surgical Centers	NA	NA	336	1,197	2,265
Hospices	NA	NA	164	825	2,161

NOTES: Facility data for selected years 1975-1990 are as of July 1. Facility data for 1996 are as of December 1996, except CLIA which is as of 3/97. NA indicates data are not available.

SOURCES: HCFA/ORD/BDMS

March 1997

### Select Medicare Facilities by Type of Control 1996

	Short Stay Hospitals	Skilled Nursing Facilities	Home Health Agencies
All Facilities	5,185	14,177	8,860
Percent Distribution			
Nonprofit	58.1	27.9	32.9
Proprietary	13.1	66.5	51.7
Government	28.8	5.6	15.3

NOTES: Data as of December 1996. Facilities certified for Medicare are deemed to meet Medicaid standards. Percent Distribution may not add to 100 percent due to rounding.

SOURCES: HCFA/ORD/BDMS

### Medicare PIP Facilities Selected Years

	1975	1980	1985	1990	1994	1995	1996
Hospitals							
Number of PIP	1,524	2,276	3,242	1,352	1,253	1,221	1,140
Percent of Total Participating	22.5	33.8	48.3	20.6	19.6	19.2	18.0
Skilled Nursing Facilities							
Number of PIP	161	203	224	774	1,265	1,403	1,354
Percent of Total Participating	4.1	3.9	3.4	7.3	10.2	11.5	9.6
Home Health Agencies							
Number of PIP	86	481	931	1,211	1,465	1,601	1,515
Percent of Total Participating	3.8	16.0	16.0	21.0	18.5	17.4	15.6

NOTES: Data from 1985 to date are as of September; prior years are as of December. These are facilities receiving periodic interim payments (PIP) under Medicare. Effective for claims received on or after July 1, 1987, the Omnibus Budget Reconciliation Act of 1986 (P.L. 99-509) eliminates PIP for many PPS hospitals when the servicing intermediary meets specified processing time standards.

SOURCES: HCFA/BPO/BDMS

March 1997



## Medicare Participating Physician Program

Participation Status - January 1, 1996		Comparison to Prior Enrollments		
		January 1995 Percent	January 1994 Percent	January 1993 Percent
77.5% Physicians <sup>1</sup>	672,174 Participating 867,616 Billing Medicare	72.3	64.8	59.8

<sup>1</sup> Includes M.D.s, D.O.s, limited license practitioners, and non-physician practitioners.

NOTES: The participating physician program was originally enacted as a part of the 1984 Deficit Reduction Act (DEFRA). Congress provided additional incentives through the 1986 Omnibus Budget Reconciliation Act (OBRA). HCFA wrote to physicians to explain the benefits of participation beginning January 1, 1989. Participation counts reflect physicians who are participating in at least one practice setting. For example, a physician who is participating in private practice but not in his group practice is counted as participating.

SOURCE: HCFA/BPO

## Medicare Assigned Claims Selected Fiscal Years

Fiscal Year	Net Assignment Rate <sup>1</sup>
1975	51.9
1980	51.4
1985	67.7
1990	80.9
1991	82.5
1992	85.4
1993	89.2
1994	92.1
1995	94.2
1996	95.6

<sup>1</sup> The net assignment rate is the percentage of assigned claims to total assigned/unassigned claims received. If a physician or supplier agrees to accept assignment, he or she agrees not to charge more than the Medicare approved fee for a particular service.

SOURCE: HCFA/BPO

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# Participation Rates as Percentage of Physicians, by Specialty Selected Periods

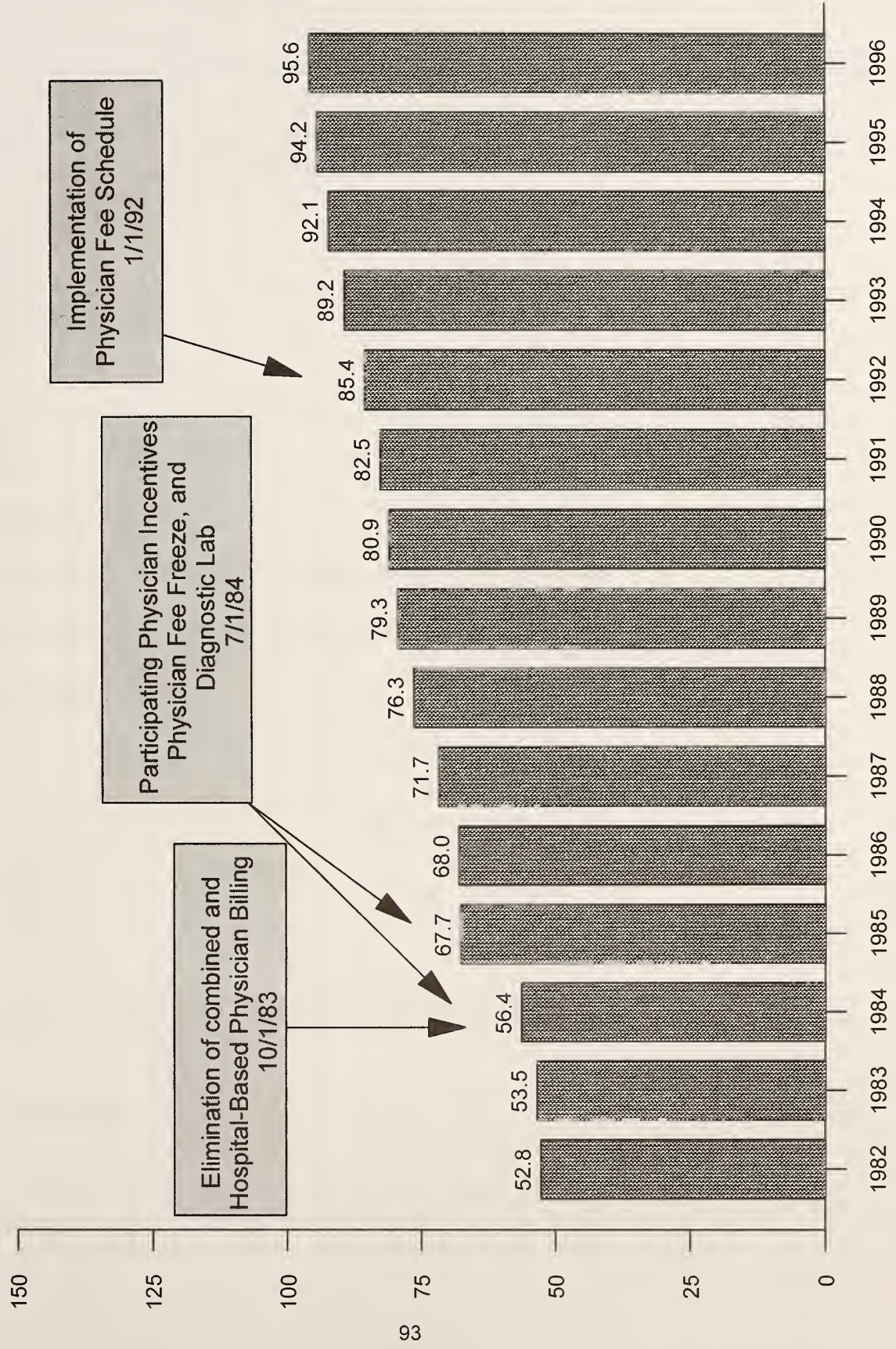
	Oct. 1985	Apr. 1990	Jan. 1993	Jan. 1994	Jan. 1995	Jan. 1996	Jan. 1997
	Apr. 1986	Dec. 1990	Dec. 1993	Dec. 1994	Dec. 1995	Dec. 1996	Dec. 1997
Physicians (M.D.s and D.O.s):							
General practice	27.3	39.7	55.1	59.1	59.9	66.3	69.2
General surgery	33.9	55.8	73.8	77.6	80.2	85.8	87.8
Otology, laryngology, rhinology	24.6	45.2	66.2	72.2	77.1	82.6	85.8
Anesthesiology	21.1	30.8	64.6	71.5	73.9	81.0	83.5
Cardiovascular disease	35.6	60.6	78.7	82.5	84.9	88.3	90.2
Dermatology	34.0	53.4	69.8	75.8	79.3	83.6	85.4
Family practice	25.5	47.2	66.1	71.3	74.5	81.4	84.0
Internal medicine	32.5	48.8	66.2	71.0	73.8	79.8	82.2
Neurology	34.8	53.1	71.8	76.4	78.9	84.1	85.8
Obstetrics-gynecology	29.1	48.8	65.7	69.9	72.5	77.3	79.5
Ophthalmology	27.3	55.6	73.2	78.3	81.2	86.2	87.9
Orthopedic surgery	29.0	53.7	74.9	79.2	82.6	86.8	88.7
Pathology	39.6	53.4	73.3	76.8	78.9	83.1	85.0
Psychiatry	30.0	41.6	53.5	57.8	58.7	64.6	67.6
Radiology	41.3	55.6	74.7	78.6	82.8	84.9	87.0
Urology	27.8	49.6	71.8	78.6	83.0	87.3	89.3
Nephrology	50.8	66.5	82.4	84.3	87.0	90.0	90.6
Clinic or other group practice - not GPPP	33.8	68.7	75.5	80.5	79.4	84.5	87.8
Limited license practitioners (LLP):							
Chiropractor	25.4	26.2	35.6	39.8	42.6	47.3	51.0
Podiatry-surgical chiropody	38.2	54.0	70.9	75.3	79.2	83.3	86.0
Optometrist	44.0	54.0	62.7	65.6	66.9	70.3	72.2

NOTE: Effective with the October 1, 1985 election period, carriers were instructed to count individuals only once, even if practicing in multiple settings.

SOURCE: HCFA/BPO

March 1997

# Medicare Physician/Supplier Net Assignment Rates Fiscal Years 1982-1996







## Medicare Benefit and Premium Summary

### TEFRA Risk HMOs and CMPs

	Number of Plans	Percent
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Plans whose basic option package offers additional benefits in specified categories

Routine Physicals	259	97
Immunization	236	88
Health Education	99	37
Outpatient Drugs	187	70
Foot Care	80	30
Eye Exams	249	93
Lenses	45	17
Ear Exams	210	78
Hearing Aids	30	11
Dental	110	41
Outpatient Mental Health	NA	NA

Plans Charging Copayments for Basic Package: 259 Yes (97%), 9 No (3%)

Plans Offering High Option Package: 125 Yes (46.64%)

#### Distribution of Basic Premiums

##### Range

\$0	179	67
\$0.01 - \$19.99	17	6
\$20.00 - \$39.99	40	15
\$40.00 - \$59.99	20	7
\$60.00 - \$79.99	10	4
\$80.00 And Above	2	1

Average Basic Premium = \$11.84 Highest Basic Premium = \$118.00

NOTE: Data as of April 1997.

SOURCE: HCFA/OMC

March 1997

## Medicare Enrollment and Payment Summary for HMOs and CMPs

Type of Contract	Number of Contracts	Number of Enrollees	Payment FY 1997 to Date in millions
Total	350	4,900,236	\$7,644.6
TEFRA Risk <sup>1</sup>	249	4,230,113	\$7,175.2
Demos	17	45,771	\$87.1
TEFRA Cost <sup>2</sup>	36	198,218	\$145.4
HCPP Part B <sup>3</sup>	48	426,134	\$236.9

<sup>1</sup> Includes ten contracts which have been signed, but for which no payment has been made for January 1997.

<sup>2</sup> Includes three plans with TEFRA risk contracts which have enrollees still being paid under the cost methods.

<sup>3</sup> Includes enrollment from 10 HCPPs which have signed risk contracts.

NOTES: Data through January 1997. Data for fiscal year payment includes current month.

SOURCE: HCFA/OMC

## Medicare Prepaid Plan and Enrollment Summary 1985 versus 1997

	Pre-TEFRA <sup>1</sup>		Post-TEFRA <sup>2</sup>	
	Number of Plans	Number of Enrollees	Number of Plans	Number of Enrollees
Total Prepaid	154	1,076,115	343	4,900,236
HCPPs and GPPPs	46	612,131	41	426,134
Total HMOs	108	463,984	302	4,474,102
TEFRA Risk	NA	NA	250	4,230,113
Old Risk	4	37,353	0	0
Cost Basis	65	116,608	36	198,218
DEMO	39	310,023	16	45,771

<sup>1</sup> Data as of March 1985.

<sup>2</sup> Data as of January 1997.

SOURCE: HCFA/OMC

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## Medicare Summary of Monthly Risk Contracts

Date	Number of Contracts	Total Enrollees	Monthly Payment in millions
<b>1994</b>			
January	108	1,848,373	\$730.5
February	112	1,869,991	736.1
March	117	1,908,995	755.2
April	126	1,937,962	766.5
May	128	1,970,327	780.8
June	135	1,996,169	794.8
July	136	2,036,279	802.3
August	141	2,081,316	826.6
September	145	2,123,778	841.4
October	149	2,183,597	860.4
November	153	2,225,745	881.7
December	154	2,268,364	890.7
<b>1995</b>			
January	154	2,339,592	972.7
February	157	2,398,475	993.3
March	162	2,439,503	1,006.6
April	163	2,539,998	1,034.8
May	165	2,608,408	1,088.5
June	164	2,674,095	1,103.3
July	167	2,755,835	1,115.2
August	171	2,826,947	1,113.0
September	176	2,906,932	1,186.0
October	181	2,968,791	1,193.6
November	182	3,030,159	1,237.5
December	183	3,089,259	1,268.5
<b>1996</b>			
January	191	3,194,656	1,407.1
February	195	3,293,220	1,443.4
March	200	3,375,804	1,477.0
April	202	3,465,916	1,523.0
May	211	3,559,270	1,563.1
June	219	3,635,912	1,608.4
July	226	3,716,393	1,626.8
August	231	3,804,611	1,658.0
September	236	3,882,502	1,705.5
October	238	3,961,187	1,813.5
November	239	4,058,042	1,679.4
December	241	4,115,293	1,792.6

SOURCE: HCFA/OMC

March 1997

## Medicare Summary of Risk and Cost Contracts by Category

Type of Contract	Number of Contracts	Percent	Number of Enrollees	Percent
TEFRA Risk Contracts				
Model				
IPA	172	69	2,628,481	62
Group	57	23	843,198	20
Staff	20	8	758,434	18
Ownership				
Profit	176	71	2,919,981	69
Nonprofit	73	29	1,310,132	31
TEFRA Cost Contracts <sup>1</sup>				
Model				
IPA	16	46	142,584	76
Group	10	29	21,332	11
Staff	9	25	23,806	13
Ownership				
Profit	10	28	28,768	15
Nonprofit	26	72	166,311	85

<sup>1</sup> Does not include cost enrollees remaining in risk plans.

NOTES: Data as of January 1997. IPA is the Individual Practice Association.

SOURCE: HCFA/OMC

March 1997

## Active Physicians

Year	Total	Type of Physician		Active Physicians per 10,000 Population
		Doctors of Medicine	Doctors of Osteopathy	
1970	323,525	310,929	12,596	15.7
1971	334,978	322,228	12,750	16.1
1972	346,179	333,259	12,920	16.5
1973	NA	NA	13,191	
1974	364,232	350,609	13,623	17.0
1975	380,402	366,425	13,977	17.6
1976	393,151	378,572	14,579	18.0
1977	397,113	381,969	15,144	18.0
1978	417,314	401,364	15,590	18.7
1979	434,095	417,266	16,829	19.2
1980	435,165	435,545	17,620	19.8
1981	463,330	444,899	18,431	20.1
1982	482,195	462,947	19,248	20.7
1983	499,679	479,440	20,239	21.3
1984	NA	NA	21,295	NA
1985	533,573	511,090	22,483	22.3
1986	543,247	519,393	23,854	22.5
1987	559,777	534,692	25,085	23.0
1988	575,626	549,160	26,466	23.4
1989	587,751	559,988	27,763	23.7
1990	601,612	572,660	28,952	24.0
1991	624,797	594,697	30,100	24.6
1992	636,891	605,685	31,206	24.8
1993	652,240	619,751	32,489	24.9
1994	666,200	632,121	34,079	25.2
1995	681,742	646,022	35,720	25.5

NOTES: The AMA changed the methodology for calculating active MDs. Active MDs now include All Not Classified MDs, and excludes physicians whose addresses are unknown. Projections are not available for the outyears.

SOURCES: HRSA/Bureau of Health Professions and Bureau of the Census

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**Ratio of Non-Federal Physicians  
Involved in Patient Care  
per 100,000 Civilian Population  
1995**

HCFA Region	Ratio	Index
Total	212	1.00
Boston	288	1.36
New York	294	1.39
Philadelphia	245	1.16
Atlanta	187	0.88
Chicago	200	0.94
Dallas	172	0.81
Kansas City	180	0.85
Denver	184	0.87
San Francisco	208	0.98
Seattle	186	0.88

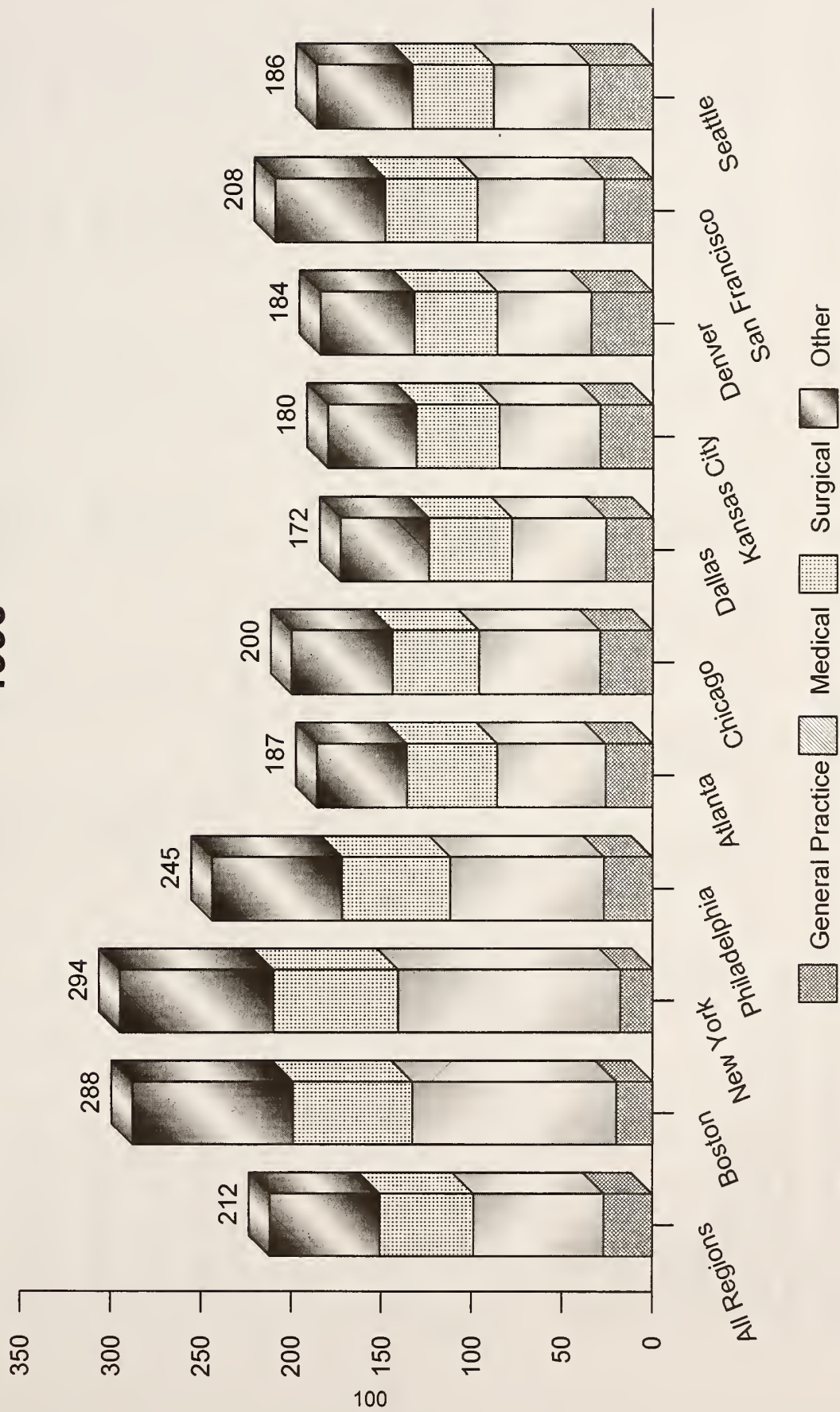
NOTES: Physician data exclude those physicians whose addresses are unknown. Civilian population data for Puerto Rico, Virgin Islands, and Pacific Islands are not included.

SOURCES: American Medical Association and Bureau of the Census

March 1997



# Ratio of Non-Federal Physicians Involved in Patient Care per 100,000 Civilian Population 1995



SOURCES: American Medical Association and Bureau of the Census

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## Medicare Physician Specialty Summary

	April 1991		January 1996		January 1997	
	Number	Percent	Number	Percent	Number	Percent
Active in Patient Care	583,229	100.0	787,513	100.0	782,887	100.0
Medical Specialties	132,204	22.7	156,960	19.9	155,937	19.9
Surgical Specialties	153,229	26.3	157,459	20.0	151,042	19.3
Other Specialties	196,991	33.8	369,597	46.9	377,309	48.2
General Practice	100,798	17.3	103,497	13.1	98,544	12.6

NOTE: Totals do not necessarily equal the sum of rounded components.

**SOURCES:** HCFA/BDMS/ORD

## Physician Income and Expenses by Specialty

	Mean Net Income <sup>1</sup>	Mean Total Expenses	Expenses					Percent Distribution
			Non-Physician Payroll	Office	Medical Supplies	Professional Liability Expenses	Medical Equipment	
All Physicians	\$182.4	\$183.1	100.0	26.0	10.5	8.2	4.6	11.7
Specialty								
General/Family Practice	121.2	190.5	100.0	23.7	11.3	5.4	6.4	10.7
Internal Medicine	174.9	186.4	100.0	27.5	13.7	4.6	4.1	11.2
Surgery	255.2	249.9	100.0	27.0	9.2	8.9	4.3	12.2
Pediatrics	126.2	157.8	100.0	24.3	19.1	4.8	3.5	11.0
Obstetrics/Gynecology	200.4	196.8 <sup>2</sup>	100.0	26.7	8.4	19.0	6.9	--

<sup>1</sup> After expenses, before taxes.

<sup>2</sup> May be low due to reporting problems.

NOTE: The data for categories "Mean Net Income" and "Mean Total Expenses" are in thousands. Totals do not necessarily equal the sum of rounded components.

SOURCE: American Medical Association, Socioeconomic Characteristics of Medical Practice, 1996.

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**Physician Income and Expenses  
1983 - 1994**

Year	Mean Net Income <sup>1</sup>	Mean Total Expenses	Expenses						
			Total	Non- Physician Payroll	Professional				
					Office	Medical Supplier	Liability Expenses	Medical Equipment	Other
Percent Distribution									
1984	108.4	94.0	100.0	33.2	26.0	11.4	8.9	5.9	14.7
1985	112.2	102.7	100.0	34.7	25.7	10.9	10.2	5.7	12.8
1986	119.5	118.4	100.0	32.8	24.1	11.1	10.8	5.9	15.3
1987	132.3	123.7	100.0	34.4	24.3	10.9	12.1	5.3	13.1
1988	144.7	140.8	100.0	34.4	24.1	10.3	11.3	4.9	15.0
1989	155.8	148.4	100.0	35.5	22.4	11.5	10.4	5.1	15.0
1990	164.3	150.0	100.0	36.3	22.5	11.0	9.7	5.1	15.5
1991	170.6	168.4	100.0	36.4	23.3	10.9	8.8	5.3	15.3
1992	177.4	179.0	100.0	36.9	23.7	9.0	7.5	4.1	18.7
1993	189.3	182.2	100.0	38.3	23.5	9.1	7.9	4.8	16.3
1994	182.4	183.1	100.0	38.9	26.0	10.5	8.2	4.6	11.7

<sup>1</sup> After expenses, before taxes.

NOTE: The data for categories "Mean Net Income" and "Mean Total Expenses" are in thousands. Totals do not necessarily equal the sum of rounded components.

SOURCE: American Medical Association, Socioeconomic Characteristics of Medical Practice, 1996.

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## Medicare Physician Registry by Specialty

Specialty <sup>1</sup>	April 1991		January 1996		January 1997	
	Number	Percent	Number	Percent	Number	Percent
General Practice	53,658	9.2	43,357	5.5	36,888	4.7
General Surgery	28,524	4.9	28,294	3.6	26,979	3.4
Allergy/Immunology	2,461	0.4	3,046	0.4	3,043	0.4
Otolaryngology (ENT)	7,419	1.3	8,604	1.1	8,543	1.1
Anesthesiology	23,783	4.1	30,760	3.9	30,720	3.9
Cardiology	13,497	2.3	16,578	2.1	16,705	2.1
Dermatology	6,727	1.2	8,112	1.0	8,108	1.0
Family Practice	47,140	8.1	60,140	7.6	61,656	7.9
Gastroenterology	4,886	0.8	7,211	0.9	7,469	1.0
Internal Medicine	78,711	13.5	86,249	11.0	84,989	10.9
Osteopathic Manipulative Therapy	1,082	0.2	999	0.1	853	0.1
Neurology	7,542	1.3	9,657	1.2	9,766	1.2
Neurosurgery	3,500	0.6	4,039	0.5	4,061	0.5
Obstetrics-Gynecology	29,230	5.0	33,599	4.3	33,441	4.3
Ophthalmology	15,219	2.6	17,222	2.2	17,105	2.2
Oral Surgery/Dentists only	34,237	5.9	32,283	4.1	27,390	3.5
Orthopedic Surgery	16,852	2.9	19,961	2.5	19,974	2.6
Pathology	10,072	1.7	12,746	1.6	12,499	1.6
Plastic/reconstructive Surgery	3,960	0.7	4,790	0.6	4,876	0.6
Physical Med and Rehab	3,278	0.6	4,802	0.6	4,994	0.6
Psychiatry	30,505	5.2	36,553	4.6	36,231	4.6
Colorectal Surgery (proctology)	625	0.1	681	0.1	689	0.1
Pulmonary Disease	3,956	0.7	5,475	0.7	5,639	0.7
Radiology	23,269	4.0	26,128	3.3	25,962	3.3
Thoracic Surgery	3,876	0.7	3,216	0.4	3,095	0.4
Urology	8,491	1.5	9,344	1.2	9,246	1.2
Chiropractor	39,992	6.9	49,765	6.3	48,908	6.2
Nuclear Medicine	463	0.1	829	0.1	792	0.1
Pediatrics	21,965	3.8	30,291	3.8	29,984	3.8
Geriatrics	205	0.0	684	0.1	729	0.1
Nephrology	2,345	0.4	3,461	0.4	3,607	0.5
Hand Surgery	212	0.0	449	0.1	453	0.1
Optometry	22,829	3.9	29,095	3.7	28,708	3.7
Certified Nurse Midwife	--	--	996 <sup>4</sup>	0.1	1,192	0.2
CRNA, Anesthesia Assistant	--	--	16,307 <sup>4</sup>	2.1	17,307	2.2
Infectious Disease	353	0.1	2,038	0.3	2,213	0.3
Endocrinology <sup>2</sup>	--	--	1,948	0.2	2,151	0.3
Podiatry	14,367	2.5	15,166	1.9	14,414	1.8



# **Medicare Physician Registry by Specialty** **continued**

Specialty <sup>1</sup>	April 1991		January 1996		January 1997	
	Number	Percent	Number	Percent	Number	Percent
Ambulatory Surgical Center (formerly Misc)	897	0.2	245	0.0	161	0.0
Nurse Practitioner	--	--	3,119 <sup>4</sup>	0.4	3,765	0.5
Psych bill ind	--	--	5,082 <sup>4</sup>	0.6	4,962	0.6
Audiologist/ind	--	--	2,319 <sup>4</sup>	0.3	2,517	0.3
Physical Therapist	--	--	5,557 <sup>4</sup>	0.7	5,532	0.7
Rheumatology <sup>2</sup>	--	--	1,859	0.2	2,088	0.3
Occupational Therapist	--	--	447 <sup>4</sup>	0.1	435	0.1
Clinical psych	--	--	30,361 <sup>4</sup>	3.9	32,026	4.1
Clinic multispec W/O GPP	16,050	2.8	1,466	0.2	778	0.1
Periph. Vascular Disease <sup>2</sup>	220	0.0	220	0.0	205	0.0
Vascular Surgery <sup>2</sup>	--	--	951	0.1	1,050	0.1
Cardiac Surgery <sup>2</sup>	--	--	824	0.1	947	0.1
Addiction Medicine <sup>2</sup>	--	--	128	0.0	136	0.0
Clinical Social Worker	--	--	36,528	4.6	40,125	5.1
Critical Care Intensivists <sup>2</sup>	--	--	580	0.1	608	0.1
Hematology <sup>2</sup>	--	--	345	0.0	378	0.0
Hematology/Oncology <sup>2</sup>	--	--	3,215	0.4	3,542	0.5
Preventive Medicine <sup>2</sup>	--	--	260	0.0	284	0.0
Maxillofacial Surgery <sup>2</sup>	--	--	1,049	0.1	1,157	0.1
Neuropsychiatry <sup>2</sup>	249	0.0	250	0.0	242	0.0
Certified Clinical Nurse	--	--	468	0.1	535	0.1
Medical Oncology <sup>2</sup>	--	--	1,071	0.1	1,222	0.2
Surgical Oncology <sup>2</sup>	--	--	254	0.0	268	0.0
Radiation Oncology <sup>2</sup>	38	0.0	1,898	0.2	2,096	0.3
Emergency Medicine <sup>2</sup>	--	--	17,672	2.2	19,329	2.5
Interventional Radiology <sup>2</sup>	--	--	523	0.1	634	0.1
Physician Assistant	--	--	4,911 <sup>4</sup>	0.6	5,455	0.7
Gynecology Oncology <sup>3</sup>	--	--	153	0.0	187	0.0
Unknown Physician Specialty	535	0.1	886	0.1	789	0.1
Totals	583,229	100.0	787,513	100.0	782,887	100.0

<sup>1</sup> Most osteopath specialties have been combined with their appropriate specialty.

<sup>2</sup> Effective 4/92 except Hematology effective 6/92.

<sup>3</sup> Effective 10/94.

<sup>4</sup> Data not included for earlier years.

NOTE: Totals do not necessarily equal the sum of rounded components.

SOURCES: HCFA/ORD/BPO

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## VIII. STATE DATA

State distributions are included for Medicare and Medicaid expenditures, populations, utilization and providers. In addition, State distributions are included for national experience on utilization and providers of services. New in this section are several tables showing number of patients and reimbursement for hospice, home health and skilled nursing facility services.

### HIGHLIGHTS

- o Medicare enrollees comprise 14 percent of the United States' resident population. State enrollees range from a low of 5.8 percent of Alaska's resident population to a high of 18.4 percent of Florida's resident population.*
- o Medicaid recipients comprise 13.4 percent of the United States' resident population. State recipients range from a low of 4.4 percent of Hawaii's resident population to a high of 27.9 percent of Tennessee's resident population.*
- o Hospital beds per 1,000 resident population range from a low of 2.0 in Washington to a high of 6.9 in the District of Columbia. This contrasts with the national average of 3.3.*
- o The percentage of Medicare Part B participating physicians and other practitioners range from a high of 92.2 percent in North Dakota to a low of 60.1 percent in Idaho.*
- o The Medicare Part B assignment rate improved from 94.2 percent in fiscal year 1995 to 95.6 percent in fiscal year 1996.*
- o Aged persons served per 1,000 enrollees range from a low of 590 in Hawaii to a high of 941 in Delaware. This contrasts with the national average of 826 persons served per 1,000 enrollees.*
- o The average reimbursement per patient for Medicare home health agency services range from a high of \$7,808 in Louisiana to a low of \$2,429 in Iowa. This contrasts with the national average reimbursement per patient of \$4,438.*
- o The average reimbursement per discharge for Medicare skilled nursing facility non-swing bed services range from a high of \$8,885 in New York to a low of \$3,510 in Iowa. This contrasts with the national average of \$6,070 per discharge.*



# **Medicare Estimated Benefit Payments by State** **Fiscal Year 1996**

Benefit Payments in thousands		Benefit Payments in thousands
All Areas	\$ 191,176,132	4,122,022
United States	190,167,077	469,724
Alabama	3,349,478	933,547
Alaska	155,548	1,003,697
Arizona	2,949,642	652,613
Arkansas	1,749,406	
California	21,688,154	
Colorado	2,021,955	5,958,095
Connecticut	2,810,930	799,360
Delaware	474,232	14,860,448
District of Columbia	1,206,754	4,688,836
Florida	16,046,099	438,228
Georgia	4,444,248	
Hawaii	612,461	7,870,293
Idaho	522,788	2,471,759
Illinois	7,792,373	1,801,354
Indiana	3,770,224	11,468,028
Iowa	1,641,893	866,931
Kansas	1,630,982	
Kentucky	2,610,256	2,144,121
Louisiana	3,937,599	446,865
Maine	791,042	4,486,558
Maryland	3,005,428	12,732,603
Massachusetts	5,884,023	812,811
Michigan	6,565,577	
Minnesota	2,593,008	306,150
Mississippi	2,016,230	3,277,225
		2,826,104
		1,372,605
		2,909,048
		197,719
		952,913
		36,142

NOTES: Benefit payments for all areas represent actual Department of Treasury (DOT) disbursements. Distribution of benefit payments by State is based on a methodology which considered actual payments to health maintenance organizations and estimated payments for other providers of Medicare services. Estimated payments were determined by applying the relative weight of each State's share of total fee-for-service provider payments for fiscal year 1996 to the DOT disbursements net of Managed Care payments.

SOURCES: HCFA/OFHR/BDMS

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# **Medicaid Medical Assistance Payments** **Fiscal Year 1996**

	Total Payments Computable For Federal Funding	Net Expenditures Reported Federal Share <sup>1</sup>	Amount in thousands	Total Payments Computable For Federal Funding	Net Expenditures Reported Federal Share <sup>1</sup>
<b>TOTAL</b>	<b>\$152,920,016</b>	<b>\$86,993,836</b>		<b>2,918,347</b>	<b>1,755,869</b>
Alabama	2,036,657	1,423,970	Missouri	389,055	275,871
Alaska	329,845	182,835	Montana	698,798	416,849
American Samoa	4,700	2,350	Nebraska	467,601	236,141
Arizona	1,659,145	1,115,088	Nevada	687,334	344,491
Arkansas	1,242,555	915,239	New Hampshire		
California	16,395,083	8,207,757	New Jersey	5,249,064	2,631,900
Colorado	1,367,789	718,782	New Mexico	905,303	666,694
Connecticut	2,596,442	1,300,003	New York	24,325,410	12,201,625
Delaware	409,146	206,356	North Carolina	4,088,863	2,647,940
District of Columbia	874,040	437,563	North Dakota	305,444	212,350
Florida	5,800,663	3,237,788	N. Mariana Islands	2,140	1,070
Georgia	3,560,561	2,208,299	Ohio	6,289,735	3,788,080
Guam	11,047	5,538	Oklahoma	1,151,726	808,240
Hawaii	627,668	313,839	Oregon	1,490,980	917,213
Idaho	358,246	246,427	Pennsylvania	7,590,156	4,025,642
Illinois	6,032,577	3,023,758	Puerto Rico	235,617	117,809
Indiana	2,538,514	1,591,919	Rhode Island	743,482	401,293
Iowa	1,216,273	782,259	South Carolina	2,013,832	1,429,689
Kansas	944,752	558,534	South Dakota	324,287	220,787
Kentucky	2,087,297	1,466,857	Tennessee	3,137,642	2,059,169
Louisiana	3,049,577	2,546,492	Texas	9,206,670	5,750,703
Maine	969,251	614,832	Utah	601,212	440,834
Maryland	2,441,028	1,222,986	Vermont	355,790	217,371
Massachusetts	4,633,483	2,321,125	Virginia	2,119,401	1,091,951
Michigan	5,186,815	2,947,339	Virgin Islands	7,292	3,687
Minnesota	2,777,254	1,501,881	Washington	3,050,970	1,535,366
Mississippi	1,601,712	1,251,583	West Virginia	1,216,826	890,805
			Wisconsin	2,417,409	1,446,303
			Wyoming	177,510	106,695

<sup>1</sup> Excludes HCFA adjustments.

NOTES: Source Form HCFA-64 -- Line 11, Net Expenditures Reported. FY 1996 data are preliminary. Territories are at capped levels.

SOURCE: HCFA/MB

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# **Mean Medicaid Outlays per Recipient by State and Risk Class** **Fiscal Year 1995**

	Age 65 and over	Blind and Disabled		Age 65 and over	Blind and Disabled
United States	\$3,038	\$5,672	Missouri	\$3,243	\$6,031
Alabama	1,640	3,257	Montana	3,138	5,905
Alaska	2,835	8,729	Nebraska	2,958	7,145
Arizona	325	966	Nevada	1,573	3,357
Arkansas	2,517	4,225	New Hampshire	5,688	15,452
California	1,861	4,265	New Jersey	4,380	8,059
Colorado	1,866	5,457	New Mexico	1,803	5,768
Connecticut	612	8,831	New York	8,796	11,291
Delaware	3,703	9,119	North Carolina	4,257	3,623
District of Columbia	2,626	7,098	North Dakota	2,896	8,667
Florida	2,218	5,283	Ohio	1,193	4,713
Georgia	1,879	4,639	Oklahoma	1,915	4,194
Hawaii	2,001	4,303	Oregon	5,687	9,536
Idaho	3,236	6,649	Pennsylvania	2,162	4,736
Illinois	3,243	6,530	Rhode Island	3,490	8,782
Indiana	2,168	5,213	South Carolina	2,208	4,493
Iowa	2,374	5,087	South Dakota	1,678	5,338
Kansas	2,339	4,289	Tennessee	1,027	3,046
Kentucky	2,330	4,741	Texas	2,517	5,276
Louisiana	2,417	4,696	Utah	2,539	5,350
Maine	3,124	8,445	Vermont	3,089	8,841
Maryland	3,149	8,826	Virginia	2,798	4,967
Massachusetts	2,551	6,254	Washington	1,974	4,572
Michigan	2,415	6,176	West Virginia	3,963	5,197
Minnesota	3,979	12,129	Wisconsin	2,092	4,451
Mississippi	1,491	3,177	Wyoming	1,914	6,986

NOTE: These data exclude institutionalized persons.

SOURCE: HCFA/BDMS

March 1997



# Medicare Enrollment by State 1996

	Enrollees	Enrollees
All Areas <sup>1</sup>	38,091,510	839,936
United States <sup>2</sup>	37,293,878	132,104
Alabama	653,772	250,400
Alaska	35,555	205,080
Arizona	620,799	159,604
Arkansas	427,809	1,177,722
California	3,704,398	217,252
Colorado	434,767	2,652,185
Connecticut	505,921	1,053,928
Delaware	103,649	103,102
District of Columbia	77,018	
Florida	2,678,352	1,676,943
Georgia	853,565	492,983
Hawaii	153,957	473,328
Idaho	153,349	2,077,594
Illinois	1,622,238	169,060
Indiana	830,277	
Iowa	475,056	523,704
Kansas	386,123	117,613
Kentucky	597,702	786,494
Louisiana	587,809	2,128,778
Maine	205,497	192,299
Maryland	611,200	
Massachusetts	942,541	84,657
Michigan	1,361,853	836,656
Minnesota	636,106	701,174
Mississippi	403,366	331,812
		766,817
		61,707
		493,733
		322,166

<sup>1</sup> Includes enrollees with unknown State of residence and Foreign.

<sup>2</sup> Includes enrollees with unknown State of residence.

NOTE: Data as of December.

SOURCE: HCFA/BDMIS

March 1997

# **Medicare Enrollment as a Percent of Resident Population by State** **1996**

	Resident Population in thousands	Medicare Enrollees in thousands	Enrollees as Percent of Population		Resident Population in thousands	Medicare Enrollees in thousands	Enrollees as Percent of Population
All Areas	NA	37,807 <sup>1</sup>		Missouri	5,359	835	15.6
United States	265,284	37,019 <sup>2</sup>	14.0	Montana	879	131	14.9
Alabama	4,273	648	15.2	Nebraska	1,652	249	15.1
Alaska	607	35	5.8	Nevada	1,603	201	12.5
Arizona	4,428	610	13.8	New Hampshire	1,162	158	13.6
Arkansas	2,510	425	16.9	New Jersey	7,988	1,172	14.7
California	31,878	3,672	11.5	New Mexico	1,713	214	12.5
Colorado	3,823	429	11.2	New York	18,185	2,640	14.5
Connecticut	3,274	504	15.4	North Carolina	7,323	1,042	14.2
Delaware	725	102	14.1	North Dakota	644	103	16.0
District of Columbia	543	77	14.2	Ohio	11,173	1,671	15.0
Florida	14,400	2,644	18.4	Oklahoma	3,301	490	14.8
Georgia	7,353	844	11.5	Oregon	3,204	471	14.7
Hawaii	1,184	152	12.8	Pennsylvania	12,056	2,072	17.2
Idaho	1,189	152	12.8	Rhode Island	990	169	17.1
Illinois	11,847	1,617	13.6	South Carolina	3,699	517	14.0
Indiana	5,841	826	14.1	South Dakota	732	117	16.0
Iowa	2,852	474	16.6	Tennessee	5,320	779	14.6
Kansas	2,572	384	14.9	Texas	19,128	2,105	11.0
Kentucky	3,884	592	15.2	Utah	2,000	190	9.5
Louisiana	4,351	583	13.4	Vermont	589	84	14.3
Maine	1,243	204	16.4	Virginia	6,675	829	12.4
Maryland	5,072	607	12.0	Washington	5,533	696	12.6
Massachusetts	6,092	939	15.4	West Virginia	1,826	330	18.1
Michigan	9,594	1,355	14.1	Wisconsin	5,160	764	14.8
Minnesota	4,658	633	13.6	Wyoming	481	61	12.7
Mississippi	2,716	400	14.7	Puerto Rico	NA	487	NA
				Outlying Areas	NA	301	NA

<sup>1</sup> Includes the United States, its Territories and Possessions, and residents of foreign countries.

<sup>2</sup> Includes enrollees with unknown State of residence.

NOTES: Resident population is a provisional estimate. The 1996 resident population data for Outlying Areas, Puerto Rico, and the Virgin Islands are not available. Data as of July.

SOURCES: HCFA/BDMMS and Bureau of the Census

March 1997

# Medicare and Prepaid Enrollment Distribution by State 1997

	Medicare Enrollees in (000's)	TEFRA Risk	Cost	HCPP	Total Prepaid Enrollees	Prepaid as a Percent of Medicare
Total	37,788	4,230,113	198,218	426,134	4,854,465	13
Alabama	654	22,265	0	0	22,265	3
Alaska	36	0	0	0	0	0
Arizona	621	211,789	0	0	211,789	34
Arkansas	428	5,211	0	0	5,211	1
California	3,704	1,321,253	1,020	97,525	1,419,798	38
Colorado	435	96,417	15,596	1,553	113,566	26
Connecticut	506	13,577	9,643	2,585	25,805	5
Delaware	104	0	0	0	0	0
Dist. of Columbia	77	9,957	0	5,905	15,862	21
Florida	2,678	587,191	2,675	4,017	593,883	22
Georgia	854	5,862	0	2,937	8,799	1
Hawaii	154	14,208	33,771	3,210	51,189	33
Idaho	153	0	0	0	0	0
Illinois	1,622	103,979	4,474	35,768	144,221	9
Indiana	830	3,901	4,100	5,135	13,136	2
Iowa	475	0	93	8,591	8,684	2
Kansas	386	1,764	0	8,457	10,221	3
Kentucky	598	8,398	0	0	8,398	1
Louisiana	588	53,739	0	0	53,739	9
Maine	205	0	0	0	0	0
Maryland	611	42,245	0	6,887	49,132	8
Massachusetts	943	140,536	0	12,818	153,354	16
Michigan	1,362	18,915	0	707	19,622	1
Minnesota	636	60,545	0	54,589	115,134	18
Mississippi	403	0	0	0	0	0
Missouri	840	78,509	0	6,261	84,770	10
Montana	132	0	0	0	0	0
Nebraska	250	6,370	0	0	6,370	3
Nevada	205	41,258	0	0	41,258	20
New Hampshire	160	0	0	0	0	0

**Medicare and Prepaid Enrollment Distribution by State**  
**1997**  
**continued**

	Medicare Enrollees in (000's)	TEFRA Risk	Cost	HCPP	Total Prepaid Enrollees	Prepaid as a Percent of Medicare
New Jersey	1,178	82,617	4,680	0	87,297	7
New Mexico	217	36,490	0	0	36,490	17
New York	2,652	274,965	34,480	40,497	349,942	13
North Carolina	1,054	2,225	2,276	2,121	6,622	1
North Dakota	103	0	726	0	726	1
Ohio	1,677	89,959	996	8,834	99,789	6
Oklahoma	493	27,368	0	0	27,368	6
Oregon	473	130,185	47,107	0	177,292	37
Pennsylvania	2,078	346,649	0	1,728	348,377	17
Puerto Rico	494	0	0	0	0	0
Rhode Island	169	22,317	2,374	0	24,691	15
South Carolina	524	2,812	0	0	2,812	1
South Dakota	118	0	0	0	0	0
Tennessee	786	2,887	0	0	2,887	0
Texas	2,129	209,298	11,849	6,668	227,815	11
Utah	192	12,207	0	21,344	33,551	17
Vermont	85	0	1,166	0	1,166	1
V.I./Guam/A.S.	19	0	0	0	0	0
Virginia	837	6,811	0	0	6,811	1
Washington	701	130,775	12,486	0	143,261	20
West Virginia	332	0	7,735	0	7,735	2
Wisconsin	767	4,659	971	10,902	16,532	2
Wyoming	62	0	0	0	0	0
United Mine Workers <sup>1</sup>	--	--	--	77,095	77,095	--

<sup>1</sup> United Mine Workers is a separate entity within Health Care Prepaid Plans (HCPP).

NOTES: Enrollee data (45,758) for Social Health Maintenance Organizations (SHMOs) are included in the total prepaid enrollees. Totals do not necessarily equal the sum of rounded components. Data as of January, 1997.

SOURCES: HCFA/OMC/BDMS and U.S. Department of Commerce, Bureau of the Census

March 1997



# **Medicaid Recipients by State Fiscal Year 1995**

	Resident Population in thousands	Medicaid Recipients in thousands	Recipients as Percent of Population	State	Resident Population in thousands	Medicaid Recipients in thousands	Recipients as Percent of Population
All Reporting Medicaid Jurisdictions	NA	36,282	NA	Missouri	5,319	695	13.1
				Montana	870	99	11.3
United States	262,890	35,210	13.4	Nebraska	1,639	168	10.3
Alabama	4,246	539	12.7	Nevada	1,533	105	6.9
Alaska	603	68	11.3	New Hampshire	1,148	97	8.4
Arizona <sup>1</sup>	4,305	494	11.5	New Jersey	7,950	790	9.9
Arkansas	2,485	353	14.2	New Mexico	1,690	287	17.0
California	31,565	5,017	15.9	New York	18,191	3,035	16.7
				North Carolina	7,202	1,084	15.1
Colorado	3,748	294	7.8	North Dakota	642	61	9.6
Connecticut	3,271	380	11.6				
Delaware	717	79	11.0	Ohio	11,134	1,533	13.8
District of Columbia	555	138	25.0	Oklahoma	3,275	394	12.0
Florida	14,184	1,735	12.2	Oregon	3,149	452	14.4
				Pennsylvania	12,060	1,230	10.2
Georgia	7,209	1,147	15.9	Rhode Island	992	135	13.6
Hawaii	1,179	52	4.4				
Idaho	1,166	115	9.9	South Carolina	3,667	496	13.5
Illinois	11,790	1,552	13.2	South Dakota	730	74	10.2
Indiana	5,797	559	9.6	Tennessee	5,247	1,466	27.9
				Texas	18,801	2,562	13.6
Iowa	2,843	304	10.7	Utah	1,958	160	8.2
Kansas	2,564	256	10.0				
Kentucky	3,857	641	16.6	Vermont	585	100	17.0
Louisiana	4,338	785	18.1	Virginia	6,615	681	10.3
Maine	1,239	153	12.4	Washington	5,448	639	11.7
				West Virginia	1,825	389	21.3
Maryland	5,039	414	8.2	Wisconsin	5,122	460	9.0
Massachusetts	6,071	728	12.0	Wyoming	479	51	10.7
Michigan	9,538	1,168	12.3				
Minnesota	4,615	473	10.3	Puerto Rico	NA	1,055	NA
Mississippi	2,696	520	19.3	Virgin Islands	NA	17	NA

<sup>1</sup> Arizona operates a medical assistance program under a Section 1115 Demonstration project.

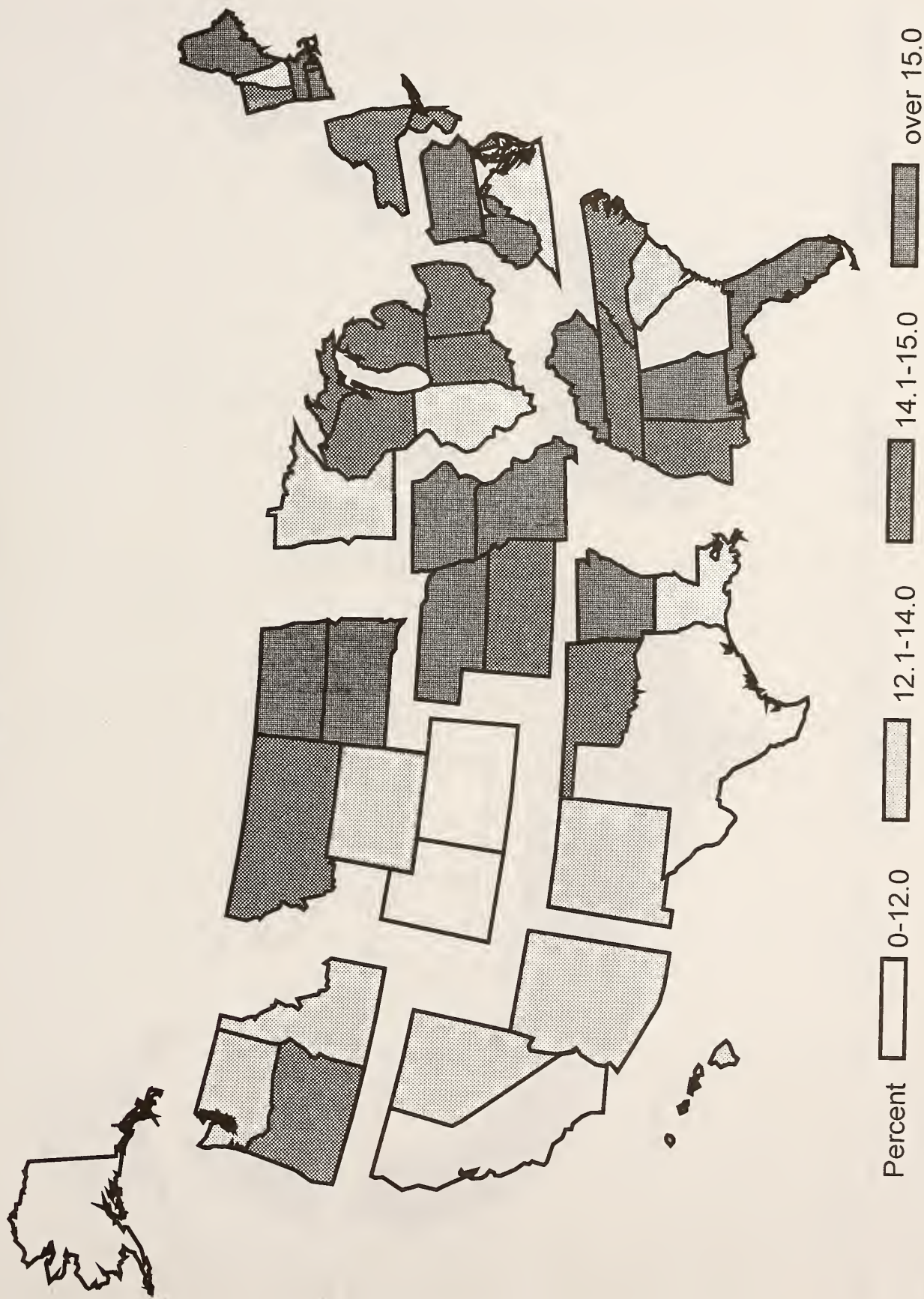
NOTES: Resident population is a provisional estimate as of July 1, 1995. The 1995 resident population data for Puerto Rico and Virgin Islands are not available.

SOURCES: HCFA/BDMS and Bureau of the Census

March 1997



# Medicare Enrollment as Percent of Population July 1996



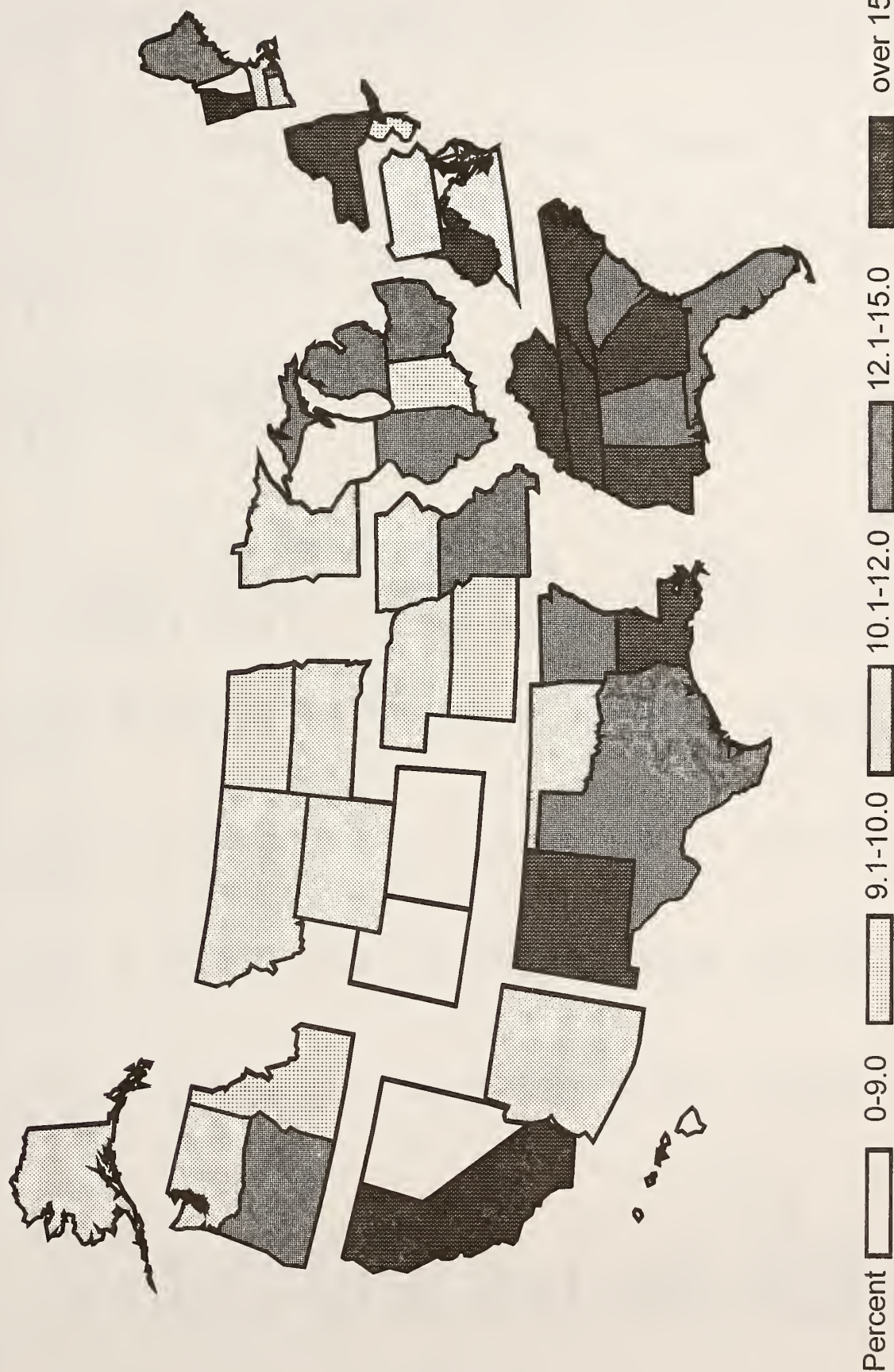
SOURCES: HCFA/BDMS and Bureau of the Census

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# Medicaid Recipients as Percent of Population Fiscal Year 1995





# **Medicare Persons Served by State Calendar Year 1995**

	Aged			Disabled			Aged			Disabled		
	Persons Served in thousands	Served per 1,000 Enrollees	Persons Served in thousands	Persons Served in thousands	Served per 1,000 Enrollees	Persons Served in thousands	Persons Served in thousands	Served per 1,000 Enrollees	Persons Served in thousands	Served per 1,000 Enrollees	Persons Served in thousands	Served per 1,000 Enrollees
All Areas	27,379	826	3,333	759		Missouri	642	877	79	788		
United States	27,118	835	3,277	768		Montana	104	906	12	777		
Alabama	494	913	82	807		Nebraska	205	902	17	791		
Alaska	24	828	4	745		Nevada	115	670	14	653		
Arizona	345	644	37	555		New Hampshire	122	881	13	735		
Arkansas	324	909	52	780		New Jersey	936	885	88	798		
California	1,928	595	269	687		New Mexico	133	729	20	693		
Colorado	279	760	37	683		New York	1,955	840	234	774		
Connecticut	413	907	39	831		North Carolina	812	924	124	833		
Delaware	84	941	9	793		North Dakota	87	922	7	790		
District of Columbia	55	789	7	809		Ohio	1,331	905	151	774		
Florida	1,911	797	170	733		Oklahoma	382	885	44	775		
Georgia	638	912	111	826		Oregon	293	695	33	707		
Hawaii	82	590	8	721		Pennsylvania	1,650	877	148	779		
Idaho	123	921	12	764		Rhode Island	126	842	14	731		
Illinois	1,228	849	131	761		South Carolina	391	914	69	846		
Indiana	646	892	76	764		South Dakota	94	886	9	772		
Iowa	404	937	35	812		Tennessee	591	906	97	810		
Kansas	322	925	28	794		Texas	1,546	838	181	769		
Kentucky	437	907	83	794		Utah	147	875	14	739		
Louisiana	420	862	72	772		Vermont	66	908	8	813		
Maine	161	925	22	814		Virginia	642	899	84	802		
Maryland	478	881	47	795		Washington	473	770	54	736		
Massachusetts	694	841	83	769		West Virginia	248	905	44	789		
Michigan	1,098	933	135	793		Wisconsin	622	910	62	786		
Minnesota	466	816	46	759		Wyoming	48	892	5	755		
Mississippi	296	910	60	836		Puerto Rico	249	679	55	497		
						Other Outlying Areas	5	306	1	261		
						Foreign Countries	8	29	1	44		

NOTES: Rates are based on July 1, 1995 enrollment data.

SOURCE: HCFA/BDMS

March 1997



# **National Community Hospital Care by State** **1995 Annual Survey**

	Admissions in thousands	Average Stay in Days	Outpatient Visits in thousands	Admissions in thousands	Average Stay in Days	Outpatient Visits in thousands
United States	30,945	6.5	414,345	714	6.4	9,932
Alabama	642	6.1	6,421	96	10.4	1,332
Alaska	40	6.1	811	183	8.9	2,502
Arizona	427	4.8	4,024	149	5.5	1,375
Arkansas	342	6.4	3,623	110	6.9	1,820
California	3,029	5.4	39,464	1,068	7.3	2,546
Colorado	340	5.8	5,486	156	5.0	2,499
Connecticut	338	5.9	5,746	2,398	9.0	38,889
Delaware	81	6.8	1,376	833	6.8	8,826
District of Columbia	154	6.5	1,178	89	11.3	1,344
Florida	1,772	6.1	16,943	1,375	5.9	21,954
Georgia	859	6.7	9,614	368	6.0	3,826
Hawaii	97	9.1	2,123	296	4.7	5,785
Idaho	104	6.4	1,711	1,810	6.8	26,862
Illinois	1,452	6.3	20,619	119	5.7	1,672
Indiana	699	5.9	11,831	410	6.5	4,716
Iowa	361	7.2	6,244	94	11.5	1,040
Kansas	291	7.2	3,952	740	6.2	7,433
Kentucky	534	6.1	6,126	2,029	5.6	22,657
Louisiana	622	6.2	7,991	171	4.7	3,240
Maine	142	6.6	2,545	55	8.4	1,045
Maryland	574	5.6	4,886	699	6.0	7,174
Massachusetts	751	6.3	13,477	467	4.7	8,408
Michigan	1,120	6.3	19,152	271	6.6	4,050
Minnesota	496	8.3	5,670	550	6.8	8,208
Mississippi	388	7.2	3,180	43	8.9	744
Missouri						
Montana						
Nebraska						
Nevada						
New Hampshire						
New Jersey						
New Mexico						
New York						
North Carolina						
North Dakota						
Ohio						
Oklahoma						
Oregon						
Pennsylvania						
Rhode Island						
South Carolina						
South Dakota						
Tennessee						
Texas						
Utah						
Vermont						
Virginia						
Washington						
West Virginia						
Wisconsin						
Wyoming						

SOURCE: American Hospital Association's 1996/7 Hospital Statistics.

March 1997

# **Medicare Skilled Nursing Facility Non Swing Bed Utilization by State Calendar Year 1995**

	Total Patient	Total Discharges	Total Covered Days	Average Days Per Discharge	Total Reimbursement	Average Reimbursement Per Day	Average Reimbursement Per Discharge
Total <sup>1</sup>	1,185,749	1,244,620	40,919,976	33	\$7,554,377,025	\$185	\$6,070
Alabama	16,524	16,206	646,466	40	93,732,115	145	5,784
Alaska	300	287	11,890	41	2,468,137	208	8,600
Arizona	19,661	22,684	479,300	21	123,268,363	257	5,434
Arkansas	13,933	15,545	449,577	29	68,190,009	152	4,387
California	124,001	145,376	3,444,995	24	1,015,722,003	295	6,987
Colorado	14,810	17,845	439,032	25	121,596,512	277	6,814
Connecticut	22,960	18,065	1,114,218	62	160,804,605	144	8,901
Delaware	2,868	2,745	91,841	33	15,155,578	165	5,521
District of Columbia	1,490	1,494	56,634	38	12,513,431	221	8,376
Florida	88,280	98,873	3,123,099	32	709,752,053	227	7,178
Georgia	18,718	19,646	759,092	39	118,223,463	156	6,018
Hawaii	1,610	1,217	59,548	49	8,447,895	142	6,942
Idaho	5,506	5,993	173,997	29	34,943,463	201	5,831
Illinois	63,345	75,845	1,883,015	25	309,111,590	164	4,076
Indiana	34,843	35,560	1,227,428	35	244,826,803	199	6,885
Iowa	13,421	15,219	275,781	18	53,411,775	194	3,510
Kansas	14,514	16,842	369,768	22	74,000,821	200	4,394
Kentucky	18,520	17,588	669,571	38	108,502,534	162	6,169
Louisiana	17,727	21,847	419,547	19	117,494,089	280	5,378
Maine	6,273	6,295	228,369	36	29,429,569	129	4,675
Maryland	19,160	20,198	642,676	32	110,329,289	172	5,462
Massachusetts	43,861	39,717	1,795,554	45	321,798,207	179	8,102
Michigan	37,000	30,182	1,799,241	60	176,703,725	98	5,855
Minnesota	27,005	21,055	1,027,889	49	122,092,641	119	5,799
Mississippi	8,606	9,460	298,300	32	53,984,007	181	5,707
Missouri	39,435	48,943	1,189,657	24	240,760,452	202	4,919
Montana	5,134	5,616	162,452	29	22,689,311	140	4,040
Nebraska	7,974	8,258	239,592	29	37,175,149	155	4,502
Nevada	4,157	4,600	130,794	28	32,893,811	251	7,151

**Medicare Skilled Nursing Facility Non Swing Bed Utilization by State**  
**Calendar Year 1995**  
**continued**

	Total Patient	Total Discharges	Total Covered Days	Average Days Per Discharge	Total Reimbursement	Average Reimbursement Per Day	Average Reimbursement Per Discharge
New Hampshire	2,780	2,516	94,224	37	\$17,697,234	\$188	\$7,034
New Jersey	23,984	20,559	839,798	41	131,869,397	157	6,414
New Mexico	4,879	5,514	130,692	24	24,603,941	188	4,462
New York	53,744	29,961	2,809,374	94	266,208,794	95	8,885
North Carolina	27,165	22,762	1,132,877	50	136,959,983	121	6,017
North Dakota	3,544	2,689	98,593	37	11,092,165	113	4,125
Ohio	68,425	79,689	2,151,602	27	393,355,551	183	4,936
Oklahoma	14,109	16,909	354,311	21	92,360,681	261	5,462
Oregon	11,242	12,344	281,972	23	69,558,033	247	5,635
Pennsylvania	76,258	80,085	2,573,117	32	455,338,191	177	5,686
Puerto Rico	1,755	1,894	41,687	22	4,868,859	117	2,571
Rhode Island	5,673	5,889	227,460	39	28,923,255	127	4,911
South Carolina	12,380	12,646	477,292	38	71,957,926	151	5,690
South Dakota	3,166	3,055	127,849	42	14,624,389	114	4,787
Tennessee	25,058	26,877	939,722	35	151,193,069	161	5,625
Texas	76,937	91,962	2,381,313	26	588,941,085	247	6,404
Utah	8,275	9,515	226,273	24	56,121,812	248	5,898
Vermont	1,591	1,230	62,854	51	5,311,989	85	4,319
Virgin Islands	19	9	681	76	67,768	100	7,530
Virginia	18,039	17,113	624,761	37	97,976,954	157	5,725
Washington	24,717	26,416	768,938	29	174,206,623	227	6,595
West Virginia	7,728	7,985	232,672	29	45,724,692	197	5,726
Wisconsin	26,782	21,620	1,066,838	49	164,702,321	154	7,618
Wyoming	1,954	2,112	64,091	30	10,095,326	158	4,780

<sup>1</sup> Includes residence unknown.

NOTE: Data are derived from bills for services performed in 1995 and recorded in HCFA central records as of June 1996. These interim payment amounts may differ from final cost report adjusted payment amounts. Patient counts are unique to the State and therefore do not add to the total.

SOURCE: HCFA/BDMS/HCIS

March 1997



# **Medicare Home Health Agency Utilization by State Calendar Year 1995**

	Total Reimbursement	Total Patients	Total Visits	Average Reimbursement Per Patient	Average Visits Per Patient
Total <sup>1</sup>	\$15,421,144,186	3,474,958	249,583,552	\$4,438	72
Alabama	453,834,415	81,565	9,766,686	5,564	120
Alaska	9,475,697	1,974	90,338	4,800	46
Arizona	141,433,666	33,697	1,914,602	4,197	57
Arkansas	170,554,835	45,393	3,579,627	3,757	79
California	1,232,292,688	262,411	13,858,769	4,696	53
Colorado	159,199,686	34,883	2,293,206	4,564	66
Connecticut	271,695,871	57,721	4,562,117	4,707	79
Delaware	28,865,907	9,843	478,895	2,933	49
District of Columbia	21,439,998	6,717	258,496	3,192	38
Florida	1,437,381,433	289,392	22,673,540	4,967	78
Georgia	525,999,053	95,980	10,209,736	5,480	106
Hawaii	20,154,084	4,702	244,968	4,286	52
Idaho	56,047,308	13,443	877,159	4,169	65
Illinois	551,026,844	153,542	8,227,909	3,589	54
Indiana	312,954,991	71,141	5,592,118	4,399	79
Iowa	86,559,442	35,640	1,739,504	2,429	49
Kansas	111,786,864	29,900	1,821,852	3,739	61
Kentucky	211,726,968	59,623	3,977,675	3,551	67
Louisiana	656,604,845	84,095	12,064,526	7,808	143
Maine	78,920,340	21,637	1,504,263	3,647	70
Maryland	147,122,944	49,829	1,854,381	2,953	37
Massachusetts	565,869,870	120,494	11,237,546	4,696	93
Michigan	467,980,050	126,675	6,268,031	3,694	49
Minnesota	86,935,663	31,721	1,342,319	2,741	42
Mississippi	355,159,176	59,503	7,374,113	5,969	124
Missouri	318,538,153	94,108	4,946,663	3,385	53
Montana	32,342,351	10,351	540,432	3,125	52
Nebraska	47,397,869	17,524	748,666	2,705	43
Nevada	56,590,722	11,960	787,453	4,732	66



**Medicare Home Health Agency Utilization by State  
Calendar Year 1995  
continued**

	Total Reimbursement	Total Patients	Total Visits	Average Reimbursement Per Patient	Average Visits Per Patient
New Hampshire	\$56,346,863	17,558	1,162,998	3,209	66
New Jersey	293,786,448	98,482	4,188,451	\$2,983	43
New Mexico	63,197,547	15,760	1,044,356	4,010	66
New York	710,025,600	196,361	9,588,465	3,616	49
North Carolina	330,028,822	99,146	5,534,482	3,329	56
North Dakota	20,619,203	8,485	382,079	2,430	45
Ohio	466,023,099	145,721	7,770,724	3,198	53
Oklahoma	450,743,746	60,483	7,796,641	7,452	129
Oregon	90,461,850	29,338	1,109,631	3,083	38
Pennsylvania	697,116,831	223,913	10,108,911	3,113	45
Puerto Rico	60,675,397	38,332	1,410,561	1,583	37
Rhode Island	77,826,643	19,195	1,211,596	4,055	63
South Carolina	182,528,625	47,404	3,180,825	3,850	67
South Dakota	19,557,153	7,768	326,003	2,518	42
Tennessee	747,043,282	110,771	13,157,404	6,744	119
Texas	1,762,784,352	245,223	28,492,559	7,188	116
Utah	118,925,525	19,147	1,998,036	6,211	104
Vermont	37,284,278	12,626	827,436	2,953	66
Virgin Islands	780,953	170	10,207	4,594	60
Virginia	245,974,060	72,829	3,758,603	3,377	52
Washington	137,248,931	45,926	1,744,537	2,988	38
West Virginia	84,849,043	28,151	1,542,992	3,014	55
Wisconsin	127,119,783	46,720	1,981,404	2,721	42
Wyoming	23,883,264	5,261	415,050	4,540	79

<sup>1</sup> Includes residence unknown.

NOTE: Data are derived from bills for services performed in 1995 and recorded in HCFA central records as of June 1996. These interim payment amounts may differ from final cost report adjusted payment amounts. Patient counts are unique to the State and therefore do not add to the total.

SOURCE: HCFA/BDMS/HCIS

March 1997

# Medicare Hospice Utilization by State Calendar Year 1995

	Total Patients	Total Reimbursement	Total Covered Days	Total Covered Hours	Total Covered Procedures	Average Reimbursement Per Patient	Average Days Per Patient
Total	309,336	\$1,871,871,667	18,121,139	1,182,851	178,006	\$6,051	59
Alabama	4,723	25,341,675	272,307	27,934	458	5,366	58
Alaska	70	310,376	2,392	126	NA	4,434	34
Arizona	8,816	56,263,378	457,405	20,530	12,829	6,382	52
Arkansas	3,208	19,850,975	226,369	1,500	613	6,188	71
California	31,112	199,983,566	1,747,192	68,046	15,026	6,428	56
Colorado	5,138	25,859,913	241,225	2,381	970	5,033	47
Connecticut	2,934	16,824,495	116,539	16,760	8,595	5,734	40
Delaware	1,005	5,379,614	56,946	134	132	5,353	57
District of Columbia	454	2,123,391	18,889	0	0	4,677	42
Florida	36,794	242,728,617	2,240,442	515,157	44,468	6,597	61
Georgia	5,927	29,633,386	313,139	49,144	1,477	5,000	53
Hawaii	883	4,867,354	44,610	287	12	5,512	51
Idaho	1,228	6,833,847	75,113	7,829	90	5,565	61
Illinois	15,407	102,375,591	951,462	6,071	8,724	6,645	62
Indiana	3,584	19,414,517	207,013	689	595	5,417	58
Iowa	3,851	23,122,925	242,002	4,858	2,372	6,004	63
Kansas	2,324	14,835,096	158,636	2,471	893	6,383	68
Kentucky	5,765	36,924,924	390,192	19,907	2,517	6,405	68
Louisiana	2,963	14,903,881	156,860	15,786	1,041	5,030	53
Maine	546	2,978,163	34,178	537	62	5,455	63
Maryland	4,424	22,567,956	225,750	4,359	1,811	5,101	51
Massachusetts	6,733	36,094,926	357,094	23,154	663	5,361	53
Michigan	13,887	84,153,196	788,913	22,101	5,048	6,060	57
Minnesota	5,128	29,212,942	290,627	13,115	1,509	5,697	57
Mississippi	1,914	11,346,281	116,019	67,651	202	5,928	61
Missouri	8,014	48,242,982	528,223	4,452	1,343	6,020	66
Montana	744	3,974,553	43,542	1,213	255	5,342	59
Nebraska	1,462	7,078,242	83,761	1,944	346	4,841	57
Nevada	1,394	9,263,481	79,124	0	1,034	6,645	57

**Medicare Hospice Utilization by State**  
**Calendar Year 1995**  
**continued**

	Total Patients	Total Reimbursement	Total Covered Days	Total Covered Hours	Total Covered Procedures	Average Reimbursement Per Patient	Average Days Per Patient
New Hampshire	927	4,627,037	50,722	3,711	86	4,991	55
New Jersey	8,191	42,028,083	425,464	1,696	652	5,131	52
New Mexico	2,080	12,353,143	127,541	5,879	4,399	5,939	61
New York	16,291	100,231,153	868,901	70,987	6,188	6,153	53
North Carolina	8,606	53,425,730	566,823	8,871	4,979	6,208	66
North Dakota	816	4,833,119	49,782	12,482	257	5,923	61
Ohio	16,584	97,447,104	938,270	17,500	6,124	5,876	57
Oklahoma	4,370	32,410,314	341,796	2,864	4,410	7,417	78
Oregon	4,992	24,499,811	257,602	1,926	27	4,908	52
Pennsylvania	13,664	72,500,050	691,591	81,977	3,270	5,306	51
Puerto Rico	3,712	16,236,637	199,627	999	7,103	4,374	54
Rhode Island	1,285	6,700,643	65,864	1,008	1,531	5,215	51
South Carolina	3,227	18,833,353	207,495	985	103	5,836	64
South Dakota	588	3,307,403	34,985	135	309	5,625	59
Tennessee	3,901	21,805,730	213,670	13,369	1,420	5,590	55
Texas	22,063	\$151,914,227	1,538,231	21,547	17,470	\$6,885	70
Utah	557	2,091,245	23,948	84	22	3,754	43
Vermont	566	2,498,723	26,569	11,194	NA	4,415	47
Virginia	4,091	25,420,693	238,503	6,564	2,236	6,214	58
Washington	5,989	34,139,592	339,650	6,392	2,026	5,700	57
West Virginia	2,046	11,468,531	118,885	13,234	738	5,605	58
Wisconsin	5,572	29,392,648	316,263	1,181	1,497	5,275	57
Wyoming	212	1,216,455	12,993	130	66	5,738	61

NOTE: Data are derived from bills for services performed in 1995 and recorded in HCFA central records as of June 1996. These interim payment amounts may differ from final cost report adjusted payment amounts. Patient counts are unique to the State and therefore do not add to the total.

SOURCE: HCFA/BDMMS/HCIS

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# **Medicare Inpatient Hospitals by State** **1996**

	Short- Stay Hospitals	Beds per 1,000 Enrollees	Long- Stay Hospitals	Beds per 1,000 Enrollees		Short- Stay Hospitals	Beds per 1,000 Enrollees	Long- Stay Hospitals	Beds per 1,000 Enrollees
All Areas	5,185	24.2	1,088	3.3	Missouri	120	28.4	25	2.7
United States	5,127	24.4	1,084	3.4	Montana	49	21.2	2	0.4
Alabama	111	30.2	19	2.7	Nebraska	92	28.4	8	3.3
Alaska	22	38.9	3	6.3	Nevada	26	17.2	9	3.1
Arizona	69	16.8	17	2.0	New Hampshire	26	21.3	5	3.7
Arkansas	77	24.3	16	3.3	New Jersey	88	25.5	24	3.5
California	430	23.3	83	2.0	New Mexico	43	21.5	13	3.2
Colorado	65	22.3	17	4.9	New York	224	26.9	48	6.1
Connecticut	33	19.7	14	4.0	North Carolina	128	23.0	18	3.2
Delaware	7	21.0	5	3.8	North Dakota	48	33.5	1	3.2
Dist. of Columbia	10	53.4	6	15.7	Ohio	180	28.9	29	2.8
Florida	204	20.0	64	1.9	Oklahoma	122	28.5	28	3.7
Georgia	162	29.1	36	4.8	Oregon	63	17.3	4	0.8
Hawaii	23	15.4	4	2.8	Pennsylvania	203	18.6	57	4.4
Idaho	43	17.9	7	1.8	Rhode Island	11	17.7	6	7.6
Illinois	198	30.3	27	2.0	South Carolina	64	22.2	13	2.5
Indiana	114	26.9	43	2.8	South Dakota	58	28.4	2	1.2
Iowa	117	26.2	4	0.9	Tennessee	127	32.3	25	2.9
Kansas	128	29.2	17	4.2	Texas	386	25.8	113	3.7
Kentucky	104	26.9	18	3.9	Utah	41	24.1	10	5.2
Louisiana	126	25.1	60	7.4	Vermont	14	21.5	2	2.2
Maine	39	20.5	5	3.1	Virginia	96	25.4	25	3.0
Maryland	50	22.4	22	6.2	Washington	89	18.0	9	2.9
Massachusetts	88	18.6	46	7.2	West Virginia	54	27.9	11	2.4
Michigan	162	23.1	23	3.1	Wisconsin	123	25.0	20	2.8
Minnesota	143	26.3	10	3.1	Wyoming	25	25.6	4	1.6
Mississippi	102	29.9	7	1.1	Puerto Rico	53	19.6	4	1.9
					Other Outlying Areas	5	36.9	--	--

NOTES: Facility data as of December 1996. Beds per 1,000 enrollees based on HI enrollment data as of December 1996.

SOURCES: HCFA/ORD/BDMS

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# **Medicare Skilled Nursing Facilities and Certified Beds by State** **1996**

	Facilities	Beds	Facilities	Beds
All Areas	13,444	654,626		
United States	13,436	654,308		
Alabama	216	9,487	Missouri	431
Alaska	15	462	Montana	98
Arizona	152	4,219	Nebraska	117
Arkansas	172	2,984	Nevada	40
California	1,270	54,136	New Hampshire	31
Colorado	188	4,910	New Jersey	254
Connecticut	251	21,229	New Mexico	70
Delaware	37	2,168	New York	653
District of Columbia	19	1,258	North Carolina	390
Florida	661	24,633	North Dakota	88
Georgia	278	11,407	Ohio	752
Hawaii	35	2,653	Oklahoma	160
Idaho	80	2,306	Oregon	126
Illinois	544	15,383	Pennsylvania	710
Indiana	462	11,142	Rhode Island	96
Iowa	155	6,110	South Carolina	166
Kansas	220	4,661	South Dakota	66
Kentucky	303	12,382	Tennessee	237
Louisiana	147	4,856	Texas	965
Maine	137	3,049	Utah	76
Maryland	206	13,060	Vermont	39
Massachusetts	489	26,266	Virginia	204
Michigan	370	20,136	Washington	277
Minnesota	434	36,934	West Virginia	89
Mississippi	120	3,022	Wisconsin	307
			Wyoming	33
			U.S. Territories and Possessions	8
				318

NOTE: Data as of December.

SOURCES: HCFA/ORD/BDMS

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# Nursing Facilities Certified for Medicaid Only and Other Medicaid Long-Term Care Facilities by State

Nursing Facilities			Institutions for Mentally Retarded		
	Title 19				
United States	3,616	7,168	Missouri	126	26
Alabama	5	8	Montana	4	3
Alaska	0	6	Nebraska	118	4
Arizona	2	12	Nevada	2	17
Arkansas	110	40	New Hampshire	48	1
California	125	731			
Colorado	30	5	New Jersey	72	10
Connecticut	16	143	New Mexico	13	39
Delaware	6	6	New York	3	876
District of Columbia	2	124	North Carolina	4	327
Florida	9	110	North Dakota	0	65
Georgia	79	12	Ohio	252	420
Hawaii	8	18	Oklahoma	293	37
Idaho	0	48	Oregon	39	2
Illinois	302	316	Pennsylvania	34	258
Indiana	139	579	Rhode Island	0	55
Iowa	315	118	South Carolina	1	176
Kansas	212	47	South Dakota	47	11
Kentucky	0	9	Tennessee	93	77
Louisiana	192	461	Texas	375	892
Maine	0	42	Utah	19	14
Maryland	29	5	Vermont	7	5
Massachusetts	75	7	Virginia	70	20
Michigan	73	503	Washington	13	26
Minnesota	22	334	West Virginia	45	63
Mississippi	74	12	Wisconsin	108	44
			Wyoming	5	4

NOTE: Data as of December.

SOURCES: HCFA/ORD/BDMS

March 1997

# Community Hospitals by State 1995 Annual Survey

	Beds per 1,000 Resident				Beds per 1,000 Resident			
	Hospitals	Beds	Population		Hospitals	Beds	Population	
United States	5,194	872,736	3.3		126	21,851	4.1	
Alabama	115	18,252	4.3	Missouri	55	4,225	4.9	
Alaska	14	1,270	2.1	Montana	91	7,851	4.8	
Arizona	61	9,852	2.3	Nebraska	20	3,600	2.3	
Arkansas	85	10,144	4.1	Nevada	29	3,375	2.9	
California	424	75,016	2.4	New Hampshire				
Colorado	69	9,258	2.5	New Jersey	92	29,863	3.8	
Connecticut	34	7,518	2.3	New Mexico	36	3,675	2.2	
Delaware	8	1,865	2.6	New York	230	73,908	4.1	
District of Columbia	12	3,806	6.9	North Carolina	119	22,729	3.2	
Florida	212	49,690	3.5	North Dakota	43	4,168	6.5	
Georgia	160	26,124	3.6	Ohio	180	37,766	3.4	
Hawaii	21	3,030	2.6	Oklahoma	110	11,462	3.5	
Idaho	41	3,383	2.9	Oregon	64	7,161	2.3	
Illinois	207	41,964	3.6	Pennsylvania	225	48,534	4.0	
Indiana	115	19,362	3.3	Rhode Island	11	2,718	2.7	
Iowa	116	12,615	4.4	South Carolina	66	11,307	3.1	
Kansas	132	10,761	4.2	South Dakota	50	4,636	6.4	
Kentucky	104	15,131	3.9	Tennessee	126	20,909	4.0	
Louisiana	130	19,146	4.4	Texas	416	57,178	3.0	
Maine	39	4,011	3.2	Utah	42	4,184	2.1	
Maryland	50	12,607	2.5	Vermont	14	1,811	3.1	
Massachusetts	96	18,860	3.1	Virginia	96	18,579	2.8	
Michigan	167	29,636	3.1	Washington	88	10,820	2.0	
Minnesota	142	17,367	3.8	West Virginia	59	8,121	4.4	
Mississippi	97	12,590	4.7	Wisconsin	127	17,009	3.3	
				Wyoming	25	2,038	4.3	

SOURCE: American Hospital Association's 1996/7 Hospital Statistics.

March 1997

# Medicare Part B Participating Physicians and Other Practitioners by State

	January 1992	January 1993	January 1994	January 1995	January 1996
	Percent Participating				
Alabama	83.4	85.1	87.2	90.5	91.8
Alaska	55.1	60.4	66.3	77.1	73.5
Arizona	64.5	76.2	82.6	87.1	85.2
Arkansas	57.8	62.1	64.9	74.8	77.2
California	62.6	65.9	69.0	74.5	80.5
Colorado	48.0	55.7	58.5	65.2	79.5
Connecticut	48.1	55.4	57.8	61.8	84.3
Delaware	51.9	57.4	60.0	68.0	72.3
District of Columbia	45.9	50.6	52.8	63.0	65.3
Florida	41.5	55.6	62.2	68.0	70.9
Georgia	57.2	74.9	82.7	86.3	87.2
Hawaii	64.1	75.9	80.4	82.8	83.6
Idaho	22.9	37.1	49.7	54.7	60.1
Illinois	50.8	57.6	61.8	73.3	75.6
Indiana	49.3	55.8	61.3	72.8	75.7
Iowa	58.8	61.8	63.2	81.1	83.6
Kansas	70.3	73.2	78.7	84.4	91.1
Kentucky	64.0	73.6	69.1	83.4	85.8
Louisiana	44.6	44.0	46.7	57.4	61.0
Maine	51.6	52.0	53.6	68.9	77.2
Maryland	58.7	72.5	77.3	88.1	89.9
Massachusetts	50.0	50.2	48.9	64.7	74.9
Michigan	51.7	58.1	62.1	75.3	80.2
Minnesota	34.4	44.4	51.3	58.6	70.6
Mississippi	47.9	53.4	53.8	59.4	77.3
Missouri	51.8	67.5	81.8	87.6	86.8
Montana	23.7	54.7	58.7	70.1	77.4
Nebraska	61.1	70.6	75.9	82.5	86.3
Nevada	75.4	84.9	87.9	91.2	90.8
New Hampshire	38.5	43.0	48.0	60.4	77.0
New Jersey	36.5	42.6	45.9	54.9	60.6
New Mexico	53.6	66.8	74.2	78.1	80.7
New York	36.9	40.7	46.2	59.2	64.2
North Carolina	68.2	72.8	76.5	77.6	81.0
North Dakota	45.8	55.0	77.4	81.8	92.2
Ohio	57.3	76.6	83.3	90.5	91.8
Oklahoma	44.4	53.9	64.9	72.3	76.1
Oregon	51.7	59.2	66.5	79.7	82.1
Pennsylvania	53.0	59.7	61.1	67.3	69.3
Rhode Island	70.3	80.9	82.2	80.9	66.8
South Carolina	63.0	67.3	70.2	76.1	82.7
South Dakota	23.7	31.6	41.2	51.7	71.4
Tennessee	67.6	70.5	76.9	80.6	83.1
Texas	52.9	61.3	68.6	76.9	80.3
Utah	69.5	80.3	82.0	85.9	86.8
Vermont	54.2	56.5	58.8	68.8	76.1
Virginia	49.7	52.2	52.9	55.6	84.3
Washington	53.1	64.7	73.9	76.2	86.4
West Virginia	68.4	75.9	81.9	87.2	89.3
Wisconsin	55.5	66.8	73.7	81.2	83.9
Wyoming	50.2	53.3	63.0	66.1	81.2

NOTE: Other practitioners includes limited license practitioners and non-physician practitioners.

SOURCE: HCFA/BPO

March 1997



**Medicare Part B Assignment Rate by Carrier  
Fiscal Year 1996**

Carrier	Assignment Rate <sup>1</sup>	Carrier	Assignment Rate <sup>1</sup>
<b>Boston Region</b>		<b>Dallas Region</b>	
Connecticut-MetraHealth	96.7	Arkansas B/S	97.0
Massachusetts B/S	98.8	Louisiana-Arkansas B/S	96.8
Massachusetts	99.4	New Mexico-Aetna	92.1
Tri-State	97.2	Oklahoma-Aetna	93.9
Maine	98.5	Texas B/S	95.0
New Hampshire	95.5	Maryland	96.1
Vermont	97.7	Texas	94.7
Rhode Island B/S	99.6	DMERC-South Carolina PGBA	93.8
<b>New York Region</b>		<b>Kansas City Region</b>	
New York-Western NY B/S	95.7	Iowa B/S	92.1
New York-Empire B/S	95.0	Kansas B/S	95.7
New York-Group Health	95.3	Nebraska-Kansas B/S	96.5
Puerto Rico B/S	99.2	Missouri-Kansas B/S	87.9
Puerto Rico	99.3	Missouri-General American	94.1
Virgin Islands	75.0		
<b>Philadelphia Region</b>		<b>Denver Region</b>	
Pennsylvania B/S	96.4	Montana B/S	95.3
Delaware	95.4	North Dakota B/S	90.1
District of Columbia	95.1	Colorado	94.1
New Jersey	92.3	North Dakota	93.6
Pennsylvania	98.9	South Dakota	76.0
Pennsylvania-Lab.	100.0	Wyoming	84.3
Virginia-MetraHealth	97.2	Utah B/S	95.1
DMERC-MetraHealth	92.7		
<b>Atlanta Region</b>		<b>San Francisco Region</b>	
Alabama B/S	98.0	Arizona-Nevada-Aetna	93.9
Florida B/S	97.1	Arizona	92.5
Georgia-Aetna	96.3	Nevada	98.3
Kentucky B/S	96.9	California B/S	95.0
Mississippi-MetraHealth	96.5	California-Occidental	98.0
North Carolina-Conn. Gen.	93.6	Hawaii-Aetna	98.0
South Carolina B/S PGBA	94.0		
Tennessee Conn-Gen.	96.6	<b>Seattle Region</b>	
		Alaska-Oregon-Aetna	91.7
		Alaska	94.4
		Oregon	91.5
		Idaho-Conn. Gen.	77.6
		Washington-Aetna	94.3
		DMERC-Conn.Gen.	86.5
<b>Chicago Region</b>		<b>ALL REGIONS</b>	
Illinois B/S-HCSC	93.9		<b>95.6</b>
Indiana B/S	93.8	RRB-MetraHealth	94.6
Michigan-HCSC	98.0	Aetna	94.5
Minnesota B/S	96.7	MetraHealth (RRB and	
Minnesota-MetraHealth	91.0	DMERC excluded)	95.7
Nationwide	99.0	Conn.Gen.(DMERC excluded)	93.9
Ohio	99.1	B/S Plans	95.7
West Virginia	98.2		
Wisconsin Phy. Ser.	93.7		
DMERC-Indiana B/S	91.5		

<sup>1</sup> The net assignment rate is the percentage of assigned claims to total assigned/unassigned claims received. If a physician or supplier agrees to accept assignment, he or she agrees not to charge more than the Medicare approved fee for a particular service.

# Medicare Physicians by State <sup>1</sup> 1997

State	Number	Percent of Total	State	Number	Percent of Total
Total	782,887 <sup>2</sup>	100.0	Mississippi	4,856	0.6
Alabama	10,018	1.3	Montana	2,490	0.3
Alaska	1,209	0.2	North Carolina	21,112	2.7
Arizona	10,535	1.3	North Dakota	2,186	0.3
Arkansas	6,876	0.9	Nebraska	4,248	0.5
California	92,309	11.8	New Hampshire	3,965	0.5
			New Jersey	25,061	3.2
			New Mexico	4,076	0.5
Colorado	11,874	1.5	Nevada	3,093	0.4
Connecticut	11,509	1.5	New York	73,200	9.4
Delaware	2,055	0.3			
District Columbia	3,950	0.5	Ohio	30,067	3.8
Florida	38,979	5.0	Oklahoma	7,530	1.0
			Oregon	8,848	1.1
Georgia	16,725	2.1	Pennsylvania	46,509	5.9
Hawaii <sup>3</sup>	3,543	0.5	Puerto Rico <sup>4</sup>	7,174	0.9
Iowa	8,205	1.0			
Idaho	2,576	0.3	Rhode Island	3,362	0.4
Illinois	31,346	4.0	South Carolina	7,889	1.0
			South Dakota	1,992	0.3
Indiana	14,763	1.9	Tennessee	15,953	2.0
Kansas	6,895	0.9	Texas	45,629	5.8
Kentucky	9,603	1.2			
Lousiana	12,502	1.6	Utah	4,545	0.6
Massachusetts	27,784	3.5	Virginia	15,728	2.0
			Vermont	2,085	0.3
Maryland	17,263	2.2	Washington	15,179	1.9
Maine	4,257	0.5	Wisconsin	15,168	1.9
Michigan	29,566	3.8			
Minnesota	15,045	1.9	West Virginia	4,337	0.6
Missouri	16,109	2.1	Wyoming	1,107	0.1

<sup>1</sup> Medicare physicians are MD, DO, DDM, DDS, DPM, OD, and CH. <sup>2</sup> Total includes unknown. <sup>3</sup> Guam included in Hawaii.

<sup>4</sup> Virgin Islands included in Puerto Rico.

NOTE: Percent total does not necessarily equal sum of rounded components. Data as of January 1997.

SOURCES: HCFA/ORD/BPO (Medicare Physician Registry)

March 1997



## IX. FINANCING

Selected reference material including contribution rates, taxable earning ceilings, cost-sharing provisions and Medicaid Federal matching percentages.

### **HIGHLIGHTS**

- o The Omnibus Budget Reconciliation Act of 1993 eliminated the Annual Maximum Taxable Earnings amounts for 1994 and later. For these years, the contribution rate is applied to all earnings in covered employment.*
- o The Medicare Coinsurance has remained at 20 percent since the beginning of the program. The annual Deductible increased from \$50 beginning July 1966 to \$100 beginning January 1991.*
- o The Medicare inpatient hospital deductible increased from \$40 in 1966 to \$760 in 1997.*
- o The Medicare Part B premiums increased from \$3 per month in 1966 to \$43.80 per month in 1997.*





## Financing of Medicare Programs

Source of Income
------------------

### HI Trust Fund

1. Payroll taxes \*
2. Transfers from railroad retirement account
3. General revenue for
  - a. uninsured persons
  - b. military wage credits
4. Premiums from voluntary enrollees
5. Interest on investments

\* Contribution rate

Employees and employers, each	1.45%
Self employed	2.90%

Maximum taxable amount (CY 1997)	none <sup>1</sup>
----------------------------------	-------------------

### Voluntary HI Premium<sup>2</sup>

Monthly Premium (1997):	\$311
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### SMI Trust Fund

1. Premiums paid by or on behalf of enrollees
2. General revenue
3. Interest on investments

### Part B Premium

Monthly Basic Premium (1997):	\$43.80
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<sup>1</sup> The Omnibus Reconciliation Act of 1993 eliminated the Annual Maximum Taxable Earnings amounts for 1994 and later. For these years, the contribution rate is applied to all earnings in covered employment.

<sup>2</sup> Premium paid for voluntary participation of individuals aged 65 and over not otherwise entitled to hospital insurance and of certain disabled individuals who have exhausted other entitlement. A reduced premium of \$187 is available to individuals aged 65 and over who are not otherwise entitled to hospital insurance but who have, or whose spouse has or had, at least 30 quarters of coverage under Title II of the Social Security Act.

SOURCE: HCFA/OACT

March 1997

## Financing Medicaid Programs Fiscal Year 1997

Federal Contributions	Percent
1. Medical Vendor Payments	50-83
2. Family Planning Services	90
3. Administrative Costs	50
4. Development of Management Information Systems	90
5. Operation of Management Information Systems	75
6. Skilled Nursing Facility Inspectors	75
7. Intermediate Care Facility for the Mentally Retarded Inspectors	
a. Salaries, Fringe Benefits, Travel & Training	75
b. All Other Costs	50
8. Skilled Professional Medical Personnel	75
9. State Medicaid Fraud and Abuse Units	75
10. PRO Performance Review	75
11. Systematic Alien Verification for Entitlements System	100
12. Preadmission Screening and Annual Resident Review	75
13. Indian Health Services	100

SOURCE: HCFA/MB

March 1997

## Medicare Cost Sharing and Premium Amounts for Hospital Insurance <sup>1</sup>

		Inpatient Hospital			SNF <sup>3</sup>	
		Deductible (IHD)	Daily Coinsurance		Daily	Hospital
			61st	LTR <sup>2</sup>	Coinurance	Insurance
		Covers	through	after	after	Monthly
		first	90th days	90 days	20 days	Premium <sup>4</sup>
		60 days	(1/4 x IHD)	(1/2 x IHD)	(1/8 x IHD)	
Beginning in January unless noted						
July	1966	\$40	\$10	( <sup>5</sup> )	( <sup>5</sup> )	--
	1970	52	13	26	6.50	--
	1980	180	45	90	22.50	78 <sup>6</sup>
	1985	400	100	200	50.00	174 <sup>7</sup>
	1986	492	123	246	61.50	214
	1987	520	130	260	65.00	226
	1988	540	135	270	67.50	234
	1989	560 <sup>8</sup>	0 <sup>8</sup>	0 <sup>8</sup>	25.50 <sup>9</sup>	156 <sup>10</sup>
	1990	592	148	296	74.00	175
	1991	628	157	314	78.50	177
	1992	652	163	326	81.50	192
	1993	676	169	338	84.50	221
	1994	696	174	348	87.00	245 <sup>11</sup>
	1995	716	179	358	89.50	261 <sup>11</sup>
	1996	736	184	368	92.00	289 <sup>11</sup>
	1997	760	190	380	95.00	311 <sup>11</sup>

<sup>1</sup> Hospital Insurance covers all expenses in "benefit period" except deductible and coinsurances shown below.

<sup>2</sup> LTR is lifetime reserve.

<sup>3</sup> SNF is skilled nursing facility.

<sup>4</sup> Premium paid for voluntary participation of individuals aged 65 and over not otherwise entitled to hospital insurance and of certain disabled individuals who have exhausted other entitlement.

<sup>5</sup> Benefit not provided.

<sup>6</sup> Beginning in July for years 1973 through 1982. Set to 33/76 times the IHD, rounded to the nearest dollar, for years 1973 through 1988.

<sup>7</sup> Beginning in January 1984 and succeeding years.

<sup>8</sup> The 1989 IHD was applied on an annual basis, rather than a benefit period. Once the deductible was paid by the beneficiary, Medicare paid the balance of expenses for covered hospital expenses for covered hospital services, regardless of the days of hospitalization.

<sup>9</sup> The beneficiary paid this coinsurance amount for the first 8 days of care in 1989, rather than for days of care 21 to 100 as in the other years shown. SNF benefits were available up to 150 days of care per year in 1989, instead of up to 100 days of care per benefit period as in the other years shown. The coinsurance amount in 1989 was equal to 20 percent of the estimated national average daily cost of covered SNF care, rather than 1/8 of the IHD.

<sup>10</sup> Set at the estimated actuarial value of incurred benefits and administrative expenses for hospital insurance entitled aged beneficiaries, rounded to the nearest dollar, for current and succeeding years.

<sup>11</sup> For 1994 and later, a reduced premium, is available to individuals aged 65 and over who are not otherwise entitled to hospital insurance but who have, or whose spouse has or had, at least 30 quarters of coverage under Title II of the Social Security Act. For 1997, the reduced premium is \$187.

SOURCE: HCFA/OACT

March 1997



# Medicare Cost Sharing and Premium Amounts for Supplementary Medical Insurance

Monthly Premiums					
Annual Deductible	Coinsurance	For Enrollee (aged and disabled) <sup>1</sup>	Government Amounts		
			Aged	Disabled	
Beginning July unless otherwise noted					
1966	\$50	20%	\$3.00	\$3.00	--
1967	--	--	--	--	--
1970	( <sup>2</sup> )	( <sup>2</sup> )	5.30	5.30	--
1975	--	( <sup>3</sup> )	--	8.30	30.30
1980	--	--	9.60	23.00	41.40
1981	( <sup>4</sup> )( <sup>5</sup> )	( <sup>5</sup> )	11.00	34.20	62.20
1982	75	( <sup>6</sup> )	12.20	37.00	72.00
1983	--	--	--	41.80	80.00
1984	--	--	14.60 <sup>7</sup>	43.80 <sup>7</sup>	94.00 <sup>7</sup>
1985	--	--	15.50	46.50	89.90
1986	--	--	--	--	66.10
1987	--	--	17.90	53.70	88.10
1988	--	--	24.80	74.40	72.40
1989	--	--	31.90	83.70	40.70
1990	--	--	28.60	85.80	59.60
1991	100	--	29.90	95.30	82.10
1992	--	--	--	89.80	129.80
1993	--	--	36.60	104.40	129.20
1994	--	--	41.10	82.50	111.10
1995	--	--	46.10	100.10	165.50
1996	--	--	42.50	127.30	167.70
1997	--	--	43.80	131.40	177.00

<sup>1</sup> Beginning July 1973 for the disabled.

<sup>2</sup> Professional inpatient services of pathologists and radiologists not subject to deductible or coinsurance, beginning in April 1968.

<sup>3</sup> Home health services not subject to coinsurance, beginning July 1972.

<sup>4</sup> Home health services are not subject to deductible.

<sup>5</sup> Same as footnote 2, but only when physician accepts assignment.

<sup>6</sup> Effective October 1, 1982, professional inpatient services of pathologists and radiologists are subject to coinsurance and deductible.

<sup>7</sup> Beginning in January for current and succeeding years.

SOURCE: HCFA/OACT

March 1997

# Medicare Annual Maximum Taxable Earnings and HI Contribution Rates Calendar Years 1966 - 1997

Calendar Year	Annual Maximum Taxable Earnings	Contribution Rate <sup>1</sup>	
		Employees and employers, each	Self- employed
1966	\$6,600	0.35	0.35
1967	6,600	0.50	0.50
1968	7,800	0.60	0.60
1969	7,800	0.60	0.60
1970	7,800	0.60	0.60
1971	7,800	0.60	0.60
1972	9,000	0.60	0.60
1973	10,800	1.00	1.00
1974	13,200	0.90	0.90
1975	14,100	0.90	0.90
1976	15,300	0.90	0.90
1977	16,500	0.90	0.90
1978	17,700	1.00	1.00
1979	22,900	1.05	1.05
1980	25,900	1.05	1.05
1981	29,700	1.30	1.30
1982	32,400	1.30	1.30
1983	35,700	1.30	1.30
1984	37,800	1.30	2.60
1985	39,600	1.35	2.70
1986	42,000	1.45	2.90
1987	43,800	1.45	2.90
1988	45,000	1.45	2.90
1989	48,000	1.45	2.90
1990	51,300	1.45	2.90
1991	125,000	1.45	2.90
1992	130,200	1.45	2.90
1993	135,000	1.45	2.90
1994	none <sup>2</sup>	1.45	2.90
1995	none <sup>2</sup>	1.45	2.90
1996	none <sup>2</sup>	1.45	2.90
1997	none <sup>2</sup>	1.45	2.90
Changes scheduled in present law:			
1998 and later	none <sup>2</sup>	1.45	2.90

<sup>1</sup> Percent of taxable earnings.

<sup>2</sup> The Omnibus Budget Reconciliation Act of 1993 eliminated the Annual Maximum Taxable Earnings amount for 1994 and later. For those years, the contribution rate is applied to all earnings in covered employment.

SOURCE: HCFA/OACT

March 1997

**Title XIX**  
**Federal Medicaid Assistance Percentages**  
**Fiscal Years 1995 - 1998**

	1995	1996	1997	1998	1995	1996	1997	1998
Alabama	70.45	69.85	69.54	69.32	Missouri	59.85	60.06	60.04
Alaska	50.00	50.00	50.00	50.00	Montana	70.81	69.38	69.01
Arizona	66.40	65.85	65.53	65.33	Nebraska	60.40	59.49	59.13
Arkansas	73.75	73.61	73.29	72.84	Nevada	50.00	50.00	50.00
California	50.00	50.00	50.23	51.23	New Hampshire	50.00	50.00	50.00
Colorado	53.10	52.44	52.32	51.97	New Jersey	50.00	50.00	50.00
Connecticut	50.00	50.00	50.00	50.00	New Mexico	73.31	72.87	72.66
Delaware	50.00	50.33	50.00	50.00	New York	50.00	50.00	50.00
District of Columbia	50.00	50.00	50.00	50.00	North Carolina	64.71	64.59	63.89
Florida	56.28	55.76	55.79	55.65	North Dakota	68.73	69.06	67.73
Georgia	62.23	61.90	61.52	60.84	Ohio	60.69	60.17	59.28
Hawaii	50.00	50.00	50.00	50.00	Oklahoma	70.05	69.89	70.01
Idaho	70.14	68.78	67.97	69.59	Oregon	62.36	61.01	60.52
Illinois	50.00	50.00	50.00	50.00	Pennsylvania	54.27	52.93	52.85
Indiana	63.03	62.57	61.58	61.41	Rhode Island	55.49	53.84	53.90
Iowa	62.62	64.22	62.94	63.75	South Carolina	70.71	70.77	70.43
Kansas	58.90	59.04	58.87	59.71	South Dakota	68.06	66.66	64.89
Kentucky	69.58	70.30	70.09	70.37	Tennessee	66.52	65.64	64.58
Louisiana*	72.65	71.89	71.36	70.03	Texas	63.31	62.30	62.56
Maine	63.30	63.32	63.72	66.04	Utah	73.48	73.21	72.33
Maryland	50.00	50.00	50.00	50.00	Vermont	60.82	60.87	61.05
Massachusetts	50.00	50.00	50.00	50.00	Virginia	50.00	51.37	51.45
Michigan	56.84	56.77	55.20	53.58	Washington	51.97	50.19	50.52
Minnesota	54.27	53.93	53.60	52.14	West Virginia	74.60	73.26	72.60
Mississippi	78.58	78.07	77.22	77.09	Wisconsin	59.81	59.67	59.00
					Wyoming	62.87	59.69	59.88
					Territories <sup>1</sup>	50.00	50.00	50.00

<sup>1</sup> Includes American Samoa, Guam, N. Mariana Islands, Puerto Rico and Virgin Islands. Subject to Federal CAP.

\* Pursuant to Section 519 of The Omnibus Consolidated Recissions and Appropriations Act of 1996 (P.L. 104-134), and subject to Federal CAP, Louisiana may receive alternative Federal matching rates of 84.28% for the nine-month period October 1995 through June 1996, and 81.46% for July 1996 through June 1997.

NOTES: The Consolidated Omnibus Budget Reconciliation Act of 1985 (P.L. 99-272) requires an annual calculation of the Federal medical assistance percentages, effective for fiscal year 1987 and thereafter.

SOURCE: HCFA/MB

March 1997



# State Medicaid Program Changes 1995 <sup>1</sup>

<b>ARKANSAS</b> Added: Deleted:	Hospice Care Services for CN and MN NF Services for Under Age 21 or MN only	<b>KANSAS</b> Added:	Psychologists' Services for CN and MN Nurse Anesthetists' Services for CN and MN Rehabilitative Services for CN and MN
<b>CALIFORNIA</b> Added:	Diagnostic Services for CN and MN Screening Services for CN and MN Personal Care Services for CN and MN Respiratory Care Services for CN and MN	<b>KENTUCKY</b> Added:	Private Duty Nursing Services for CN only Christian Science Sanatorium Services for CN and MN
<b>FLORIDA</b> Added:	Case Management Services for CN only TB-Related Services for CN only	<b>LOUISIANA</b> Added:	Nurse Anesthetists' Services for CN only Dental Services for CN and MN
<b>ILLINOIS</b> Deleted:	Podiatrists' Services for CN and MN Optometrists' Services for CN and MN Chiropractors' Services for CN and MN Dental Services for CN and MN Dentures for CN and MN Eyeglasses for CN and MN Preventive Services for CN and MN	<b>MARYLAND</b> Added: Deleted:	Nurse Anesthetists' Services for CN and MN Screening Services for CN and MN
	Christian Science Nurses' Services for CN and MN Christian Science Sanatorium Services for CN and MN Emergency Hospital Services for CN and MN Personal Care Services for CN and MN Case Management Services for CN and MN Hospice Care Services for CN and MN Respiratory Care Services for CN and MN	<b>MICHIGAN</b> Deleted:	Physical Therapy Services for CN and MN Occupational Therapy Services for CN and MN Speech, Hearing and Language Disorder Services for CN and MN
<b>INDIANA</b> (covers CN only) Added: Deleted:	NF Services for Age 65 and Older in IMDs Dentures	<b>MISSISSIPPI</b> (covers CN only) Added:	Optometrists' Services Chiropractors' Services Private Duty Nursing Services Christian Science Sanatorium Services NF Services for Age 65 or Older in IMDs
<b>IOWA</b> Deleted:	NF Services for Age 65 or Older in IMDs for CN and MN	<b>MISSOURI</b> (covers CN only) Added:	NF Services for Age 65 or Older in IMDs
		<b>NEBRASKA</b> Added:	Case Management Services for CN only
		<b>NEVADA</b> (covers CN only) Deleted:	Diagnostic Services NF Services for Age 65 and Older in IMDs Inpatient Psychiatric Services for Under Age 21 TB-Related Services



# State Medicaid Program Changes

1995<sup>1</sup>

<b>NEW JERSEY</b>		
Added:	NF Services for Under Age 21 for CN and MN	
<b>NORTH CAROLINA</b>		
Added:	ICF/MR Services for CN and MN	
	Nurse Anesthetists' Services for CN and MN	
	Respiratory Care Services for CN and MNOHIO (covers CN only)	
	Screening Services	
	Preventive Services	
Deleted	NF Services for Age 65 or Older in IMDs	
	Christian Science Sanatorium Services	
<b>OKLAHOMA</b>		
Added:	Screening Services for MN	
<b>PUERTO RICO</b>		
Added:	Respiratory Care Services for CN and MN	
<b>SOUTH CAROLINA</b>	(covers CN only)	
Deleted:	Screening Services	
<b>TEXAS</b>		
Added:	Medical Social Workers' Services for CN and MN	
Deleted:	TB-Related Services for CN and MN	
<b>UTAH</b>		
Deleted:	Psychologists' Services for CN and MN	
<b>VIRGIN ISLANDS</b>		
Deleted:	Respiratory Care Services for CN and MN	
<b>WASHINGTON</b>		
Added:	Psychologists' Services for CN and MN	
Deleted:	Speech, Hearing and Language Disorder Services for MN only	
<b>WISCONSIN</b>		
Added:	Medical Social Workers' Services for CN and MN	
	TB-Related Services for CN and MN	
<b>WYOMING</b>	(covers CN only)	
Added:	Case Management Services	
Deleted:	Eyeglasses	

<sup>1</sup> As of 10/1/95. Reflects changes since 10/1/94.

NOTES: Categorically Needy (CN) are individuals receiving federally-supported financial assistance. Medically Needy (MN) are individuals who are eligible for medical but not for financial assistance. IMDs - Institutions for Mental Diseases. ICF/MR - Intermediate Care Facilities for the Mentally Retarded. NF - Nursing Facilities. States may choose either to determine the categorical Medicaid eligibility of their aged, blind, and disabled residents, or have the Social Security Administration (SSA) make these determinations for them.

SOURCES: HCFA/OLIGA/MB

March 1997

**Geographical Jurisdictions of HCFA Regional Office  
and Federal Medical Assistance Percentages  
Fiscal Year 1998**

Region	FMAP	Region	FMAP
<b>I. Boston</b>		<b>II. New York</b>	
Connecticut	50	New Jersey	50
Maine	66	New York	50
Massachusetts	50	Puerto Rico*	50
New Hampshire	50	Virgin Islands*	50
Rhode Island	53		
Vermont	62		
		<b>IV. Atlanta</b>	
<b>III. Philadelphia</b>		Alabama	69
Delaware	50	Florida	56
District of Columbia	50	Georgia	61
Maryland	50	Kentucky	70
Pennsylvania	53	Mississippi	77
Virginia	51	North Carolina	63
West Virginia	74	South Carolina	70
		Tennessee	63
<b>V. Chicago</b>		<b>VI. Dallas</b>	
Illinois	50	Arkansas	73
Indiana	61	Louisiana	70
Michigan	54	New Mexico	73
Minnesota	52	Oklahoma	71
Ohio	58	Texas	62
Wisconsin	59		
<b>VII. Kansas City</b>		<b>VIII. Denver</b>	
Iowa	64	Colorado	52
Kansas	60	Montana	71
Missouri	61	North Dakota	70
Nebraska	61	South Dakota	68
		Utah	73
<b>IX. San Francisco</b>		Wyoming	63
Arizona	65	<b>X. Seattle</b>	
California	51	Alaska	50
Hawaii	50	Idaho	70
Nevada	50	Oregon	61
American Samoa*	50	Washington	52
Guam*	50		
N. Mariana Islands*	50		

\*Subject to Federal CAP

SOURCE: HCFA/MB

March 1997



## **Glossary of Acronyms for Data Source Attribution**

<b>HCFA</b>	Health Care Financing Administration
<b>BDMS</b>	Bureau of Data Management and Strategy
<b>BPD</b>	Bureau of Policy Development
<b>BPO</b>	Bureau of Program Operations
<b>HCIS</b>	HCFA Customer Information System
<b>HSQB</b>	Health Standards and Quality Bureau
<b>MB</b>	Medicaid Bureau
<b>OACT</b>	Office of the Actuary
<b>OFHR</b>	Office of Financial and Human Resources
<b>OLIGA</b>	Office of Legislative & Inter-Governmental Affairs
<b>OMC</b>	Office of Managed Care
<b>ORD</b>	Office of Research and Demonstrations
<b>HRSA</b>	Health Resource and Statistics Administration
<b>SSA</b>	Social Security Administration
<b>OACT</b>	Office of the Actuary
<b>ORS</b>	Office of Research and Statistics





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